ARIEL CASTRO
PERSONNEL FILE

Employee: [redacted]

Active: N

	First	Middle	Last
N A M E:	ARIEL		CASTRO
Preferred:	ARIEL		

Name Prefix:
Name Suffix:

Phone Information:

			Security
Office:	( )	Ext:	
Home:	(216) 466-3182		

Birth Date: 7/10/60
Sex: M MALE
Ethnic·Code: H HISPANIC

Address Information:

Address: 2207 SEYMOUR

Address Security:
Permanent Address: N

City/State/Zip: CLEVELAND OH 44113

Country:

Change date: 5/06/13

Location: 0968 CUYAHOGA HEIGHTS DEPOT
Sublocation: 2844 TRANSPORTATION-SAL/HRLY
Pay·Location: 02410 OPERATIONS OFFICE
Assignment: 650760 PROFESSIONAL DRIVER

District:
School:
Department:
Room:

Mode: Lookup

Cancel? N

Employee: [redacted] CASTRO, ARIEL
Months of Service:
Previous Service Credit: 18 District: _____ State: _____

Application Date: _____
Current Hire Date: 2/19/91
Original Hire Date: 2/19/91
Termination Date: 11/06/12

Seniority Date: 2/19/91
Seniority Number: _____

Salary Change Date: _____

Miscellaneous Information:
C

Other Records:
N - Other Names N - Beneficiary N - Categories N - Emergency
N - Academic N - Handicap N - Skills

Mode: Lookup

Cancel? N

5/06/13 FY 13 CLEVELAND METROPOLITAN SCHOOL DISTRICT 23:07:21 QPADEV000L

EMS Employee Assignments/Contracts Ref: PAY.345 .12

Employee: [redacted] CASTRO, ARIEL ******INACTIVE*******

Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: N

Effective dates are from 7/01/99 to 11/06/12 Supervisor:

Change date: 5/06/13

Pay·from·Table: HRL407 Grade: REGLR Step: 5 Table Amount: 18.51

Contract: Other Amount: .40

Exception·Calendar·Code: Total: 18.91

Full-time equivalent: 100.0000

Encumbered?: N

F I N A N C I A L D I S T R I B U T I O N :

Account·Code·····	Percent	Amount
001.0383.2810.141.000000.969.00.000	100.0000	18.91

Mode: Lookup F3=Exit F5=Reset F12=Cancel Cancel? N

425461

The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America
La meta primordial del Distrito Escolar Metropolitano de Cleveland es lograr ser un distrito escolar de primera clase en los Estados Unidos de America

November 9, 2012

TO: Ariel Castro
2207 Seymour
Cleveland Ohio 44113

FROM: Serena Houston-Edwards
Interim Deputy Chief of Human Resources

SUBJECT: SEPARATION

This memorandum serves as receipt and acceptance of your separation notice:

Termination: 11/06/2012

BENEFITS (Medical, Dental, Vision)
If you are currently eligible for benefits, you will receive notification that your contract for hospitalization coverage with the Cleveland Metropolitan School District's group benefits will be cancelled and notification will be sent to all plans of this change in your coverage status. All benefits are cancelled at the end of the month of your separation, except when the separation effective date is the first day of the month--benefits are canceled that day.* *Eligible teachers who resign after completing the school year or retire as of July 1st or August 1st will continue to receive coverage through August 31st.

Health care after retirement will be managed by the appropriate retirement system (SERS or STRS). You must contact the appropriate retirement system to find out more about health care eligibility requirements and/or member's share. SERS-(866) 280-7377 – STRS (888) 227-7877.

COBRA
You are eligible under COBRA for continued health care benefits, Ceridian Benefit Services will notify you.

LIFE INSURANCE
Life insurance benefits terminate upon leaving the District or otherwise becoming ineligible for group life insurance. An employee is eligible to convert the group life insurance to an individual non-participating Consumer Life Insurance policy. This can be done at the regular rate for your attained age, regardless of your physical condition, provided you apply for a change *within 31 days* of the date your group insurance terminates. The employee must contact the Human Resources Employee Benefits Department at (216) 574-8298 for a life insurance conversion application. The District's group life insurance company is Consumers Life Insurance Company. Their phone number is (866) 925-2542.

IMPORTANT NOTICE TO TEACHING STAFF – (Resignations from teaching personnel after the July 10th deadline)
The State of Ohio Revised Code 3319.15 reads as follows: **"3319.15 Termination of contract by teacher.** No teacher shall terminate the teacher's contract after the tenth day of July of any school year or during the school year, prior to the termination of the annual session, without the consent of the board of education; and such teacher may terminate the teacher's contract at any other time by giving five days' written notice to the employing board. Upon complaint by the employing board to the state board of education and after investigation by it, the license of a teacher terminating the teacher's contract in any other manner than provided in this section may be suspended for not more than one year."

OTHER
Remember you must return all district property that you may have at your home or at any other location including identification card, keys, computers, pager, etc. to your immediate supervisor or department head.

If you have any questions regarding this matter, please feel free to contact Employee Benefits at (216) 574-8252.

1380 East Sixth Street, Cleveland, OH 44114 Fax: 216-574-8258

CLEVELAND METROPOLITAN SCHOOL DISTRICT
Vision to Victory

42546 1

Human Resources Department

1380 East Sixth Street, Cleveland, OH 44114 · 216.348-4564 · Fax 216.574.8072 · www.cmscdnet.net

Eric S. Gordon
Chief Executive Officer

Board of Education
Denise W. Link
Board Chair

Louise P. Dempsey
Vice Chair

Patricia Crutchfield
Robert M. Heard, Sr.
Willetta A. Milam
Shaletha T. Mitchell
Iris M. Rodriguez
Dr. Lisa Thomas
Eric L. Wobser

Ex-Officio Members
Dr. Ronald M. Berkman
Dr. Jerry Sue Thornton

November 6, 2012

ARIEL CASTRO
2207 SEYMOUR
CLEVELAND, OH 44113

Dear MS. CASTRO:

As a result of your hearing held October 4, 2012 a recommendation for termination was made to the Board of Education. At its meeting October 23, 2012 the Board concurred with this recommendation and, therefore, your termination will be effective Tuesday, November 6, 2012.

Please contact Robin Andrews at 547-8252 if you have any questions regarding your benefits.

Sincerely,

Serena Houston-Edwards
Interim Deputy Chief of Human Resources

cc: Eric Gordon, Chief Executive Officer
Patrick Zohn, Chief of Operations
Wayne Belock, Deputy Chief of Legal Services
Nicholas Jackson, Deputy Chief of Transportation & Facilities
Ann Carlson, Director of Transportation
Kevin Marino, Depot Manager, East 49th Street Depot
Minford Terrentine, Depot Manager, East 49th Street Depot
Nick Haschka, Vice President, Local 407
Personnel File

11/20/12 FY 13 CLEVELAND METROPOLITAN SCHOOL DISTRICT 16:25:16 QPADEV006R
EMS Employee Termination Information Ref: PAY.305 .11

425461

Employee: [redacted] CASTRO, ARIEL
Termination Date: 11/06/12

Termination Code: 23 MISCONDUCT/VIOLATION OF RULES

Employee Detail:

New Employee Status: N (Y/N) Update Employee Master? N

Termination Code Detail: TERMINATION

Mode: Lookup Cancel? N

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ariel Castro
2207 Seymour
Cleveland, OH 44113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ariel Castro ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
ARIEL CASTRO 11-K

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0003 0802 3890

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

[redacted]

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Cleveland Metropolitan School District
1380 E. 6th. Street 500N
Cleveland, Ohio 44114

RECEIVED
JUL 16 9 1 PM '98
CLEVELAND SCHOOLS

S.H.E.

CLEVELAND METROPOLITAN SCHOOL DISTRICT
Vision to Victory

Human Resources Department

1380 East Sixth Street, Cleveland, OH 44114 · 216.348-4564 · Fax 216.574.8072 · www.cmsdnet.net

Eric S. Gordon
Chief Executive Officer

Board of Education
Denise W. Link
Board Chair

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Vice Chair

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Willetta A. Milam
Shaletha T. Mitchell
Iris M. Rodriguez
Dr. Lisa Thomas
Eric L. Wobser

Ex-Officio Members
Dr. Ronald M. Berkman
Dr. Jerry Sue Thornton

#425 461

November 6, 2012

ARIEL CASTRO
2207 SEYMOUR
CLEVELAND, OH 44113

Dear MS. CASTRO:

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Please contact Robin Andrews at 547-8252 if you have any questions regarding your benefits.

Sincerely,

Serena Houston-Edwards
Interim Deputy Chief of Human Resources

cc: Eric Gordon, Chief Executive Officer
Patrick Zohn, Chief of Operations
Wayne Belock, Deputy Chief of Legal Services
Nicholas Jackson, Deputy Chi
Ann Carlson, Director of Tran
Kevin Marino, Depot Manage
Minford Terrentine, Depot Ma
Nick Haschka, Vice President
Personnel File

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7010 0290 0003 0802 3890

Sent To: Ariel Castro
Street, Apt. No.; or PO Box No.: 2207 Seymour
City, State, ZIP+4: Cleveland, OH 44113

PS Form 3800, August 2006 See Reverse for Instructions

The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America.

CLEVELAND MUNICIPAL SCHOOL DISTRICT
EMS INCIDENT FORM

Name: CASTRO, ARIEL **SSN:** [redacted]

Location: 0968 CUYAHOGA HEIGHTS DEPOT

Classification: 650760 PROFESSIONAL DRIVER

DESCRIPTION OF PROBLEM

No Check, Payment Required

[ ] *New Appointment*

[ ] *Reemployment*

[ ] *Reclassification* *From:* _____ *To:* _____

[ ] *Hourly Supplemental*

[ ] *Contract Extension (ERF attached)*

[ ] *Other:* _____

Retroactive Payment/Adjustment Required

[ ] *Salary/Rate Change* *From:* _____ *To:* _____

[ ] *Reclassification* *From:* _____ *To:* _____

[ ] *Increase Contract Time:* *From:* _____ *To:* _____

[ ] *Step/Schedule Change:* *From:* _____ *To:* _____

[ ] *Weeks/Days Change:* *From:* _____ *To:* _____

[ ] *Reduction of Contract Time:* *From:* _____ *To:* _____

[X] *Other:* INITIATE 20 YEAR LONGEVITY INCREMENT ($.40) EFFECTIVE 9/1/12.

Initiated By: BILL BASS **Date** 09-19-12

Processed By: _____ **Date** _____

9/19/12 FY 13 CLEVELAND METROPOLITAN SCHOOL DISTRICT 14:17:13 QPADEV002X

EMS Employee Assignments/Contracts Ref: PAY.345 .12

Employee: [redacted] CASTRO, ARIEL

Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: Y

Effective dates are from 7/01/99 to 6/30/25 Supervisor:

Change date: 9/19/12

Pay from Table: HRL407 Grade: REGLR Step: 5 Table Amount: 18.51

Contract: Other Amount:

Exception Calendar Code: Total: 18.51

Full-time equivalent: 100.0000

Encumbered?: N

F I N A N C I A L D I S T R I B U T I O N :

Account Code	Percent	Amount
001.0383.2810.141.000000.969.00.000	100.0000	18.51

Mode: Change F3=Exit F4=Index F5=Reset F12=Cancel Cancel? N

9/19/12 FY 13 CLEVELAND METROPOLITAN SCHOOL DISTRICT 14:17:32 QPADEV002X

EMS Employee Assignments/Contracts Ref: PAY.345.12

Employee: [redacted] CASTRO, ARIEL

Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: Y

Effective dates are from 7/01/99 to 6/30/25 Supervisor:

Change date: 9/19/12

Pay-from-Table: HRL407 Grade: REGLR Step: 5 Table Amount: 18.51

Contract: Other Amount: .40

Exception-Calendar-Code: Total: 18.91

Full-time equivalent: 100.0000

Encumbered?: N

F I N A N C I A L D I S T R I B U T I O N :

Account-Code	Percent	Amount
001.0383.2810.141.000000.969.00.000	100.0000	18.91

Mode: Lookup F3=Exit PS=Reset F12=Cancel Cancel? N

CLEVELAND
METROPOLITAN
SCHOOL DISTRICT
Vision to Victory

425461

Nicholas P. Jackson
Deputy Chief, Business Operations

1380 East Sixth Street, Cleveland, OH 44114 · 216.574.8147 · Fax 216.574.8120 · www.cmsdnet.net

Eugene T.W. Sanders, Ph.D.
Chief Executive Officer

Board of Education
Robert M. Heard, Sr.
Chair

Grady P. Burrows
Vice Chair

Rashidah Abdulhaqq
Louise P. Dempsey
Harvey A. Hopson, Jr.
Denise W. Link
Willetta A. Milam
Natalie L. Peterson
Iris M. Rodriguez

Ex Officio Members
Dr. Michael Schwartz
Dr. Jerry Sue Thornton

June 22, 2009

Nick Haschka, Vice President
Truck Driver's Union – Local 407
3320 Superior Avenue
Cleveland, Ohio 44144-4123

SUBJECT: . ***Grievance – Ariel Castro***

Dear Mr. Haschka:

On June 12, 2009 a Grievance hearing was held, at which time the Cleveland Metropolitan School District reviewed the information presented.

After further review, the grievance is denied and the (60) sixty day suspension will stand.

If you have any questions or need additional information please contact me.

Sincerely,

Nicholas P. Jackson

cc: Ariel Castro
Ann Carlson, Interim Director of Transportation
Frank Brudell, President, Local 407
Payroll
Personnel File

RECEIVED
2009 JUN 24 AM 9:33
HUMAN RESOURCES
CMSD

Cleveland Municipal School District Educating Cleveland's Children

RECEIVED

2005 BENEFITS CONFIRMATION STATEMENT

'05 FEB 17 P12:04

This statement confirms your 2005 Cleveland Municipal School District benefit enrollment elections.

EMPLOYEE SERVICES
CLEVELAND
SCHOOL DISTRICT

Feb 11, 2005

ARIEL CASTRO
2207 SEYMOUR
CLEVELAND, OH 44113

PLANS	YEAR 2005 COVERAGE	MONTHLY DEDUCTION
Dental Plan	**MetLife Basic Dental Plan - Single**	**$ 0.00**
Health Plan	**Kaiser HMO (PCP required) - Single**	**$ 0.00**
Vision Plan	**Union Eye Care Vision - Single**	**$ 0.00**
Basic Life & AD&D Insurance	**Participating - $10,000 of life insurance**	**$ 0.00**
Dependent Care Spending Account	**Not Participating**	**$ 0.00**
Dependent Life Insurance	**Not Participating**	**$ 0.00**
Portable Voluntary Life Insurance*	**Not Participating**	**$ 0.00**
Supplemental Life and AD&D Insurance	**Not Participating**	**$ 0.00**
Voluntary Life Insurance*	**Participating - $25,000**	**$ 3.75**

**If you elect coverage for the first time or increased your current life insurance coverage, you are required to complete Evidence of Insurability. You must complete the form and return to the insurance company. Premium(s) will be deducted from your paycheck beginning the month following approval.*

DEPENDENT INFORMATION	No Dependents

BENEFICIARY DESIGNATION - BASIC LIFE AND SUPPLEMENTAL LIFE INSURANCE	First Name	Last Name	Relationship	Type	%
	[redacted]		Daughter	Primary	100.00
	[redacted]		Daughter	Contingent	100.00

BENEFICIARY DESIGNATION - VOLUNTARY AND PORTABLE LIFE INSURANCE	First Name	Last Name	Relationship	Type	%
	[redacted]		Daughter	Primary	100.00
	[redacted]		Daughter	Contingent	50.00
	[redacted]		DAUGHTER	Contingent	50.00

Cleveland Municipal School District ★ Educating Cleveland's Children

2005 BENEFITS CONFIRMATION STATEMENT

Your elections as printed on this form will remain in effect through December 31, 2005 (unless you become ineligible for benefits or experience an IRS-qualified change in status).

Sign this form below and keep a copy for your records. **If you included any dependents/spouse under your coverage, you must return this signed form with one of the following official documents *for each dependent*: 1) Marriage license, 2) Birth certificate, or 3) Guardianship/Adoption document.** *See note below regarding Evidence of Insurability.*

IMPORTANT NOTE FOR EMPLOYEES WHO OPTED-OUT OF MEDICAL COVERAGE
You must include proof of other medical coverage with this confirmation statement to be eligible for opt-out payment.

BENEFICIARY DESIGNATION – LIFE INSURANCE

Returning this signed confirmation statement validates your beneficiary choices. The beneficiaries listed on this form are not valid without your signature.

By signing below I verify that the information I have provided is correct. I understand and agree that CMSD has the right, and obligation under certain circumstances, to request proof that any information given during the enrollment period including this authorization/waiver is true and correct. Any information found to be false or misleading is considered a material breach of the terms of this authorization and could disqualify my covered family members and me from continuing the coverage for all subsequent months remaining in the health care plan year. Further, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

This form is not a guarantee of coverage; it confirms what coverage you have requested. Some coverages or changes in coverage require an Evidence of Insurability (EOI). If your elections require such an EOI form it is included with this Confirmation Statement. Your coverage request will be accepted or denied by the insurance company, based upon the information provided in your EOI. Coverage will be effective the first of the month following approval by the insurance company which could be later than January 1, so please return the completed EOI form promptly and accurately.

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the life insurance benefits to which I may be entitled under the group policy(ies) issued to the employer listed above. I understand that if I am not actively at work as defined in the policy on the date my coverage would otherwise become effective, my insurance will not begin until the day I meet the policy definition of actively at work.

EMPLOYEE SIGNATURE: Ariel Castro DATE: 2/15/05

SIGN THIS FORM AND KEEP A COPY FOR YOUR RECORDS. **THIS SIGNED FORM** (along with proof of other medical coverage (if opt-out) or marriage license, birth certificate, or guardianship document (if you included any dependent(s)) must be returned to: **CMSD ◆ EMPLOYEE SERVICES, ROOM 146 ◆ 1380 EAST SIXTH STREET ◆ CLEVELAND, OH 44114 within** *ten (10) days* from the date of the statement.

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name (Print or Type) Last	First	Middle	Birth Name
CASTRO	Ariel		
Address Street Name and Number	**City**	**State**	**ZIP Code**
2233 W. 98	Cleve.	Oh.	44102
Date of Birth (Month/Day/Year)		**Social Security Number**	
7-10-60		[redacted]	

I attest, under penalty of perjury, that I am (check a box):

- ☑ 1. A citizen or national of the United States
- ☐ 2 An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☐ 3 An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
Ariel Castro	12-11-90

PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Ariel Castro	ARIEL CASTRO		
Address (Street Name and Number)	**City**	**State**	**Zip Code**
2233 W. 98	Cleve.	Oh	44102

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions

Examine one document from List A and check the appropriate box, *OR* examine one document from List B *and* one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility		List B Documents that Establish Identity	and	List C Documents that Establish Employment Eligibility
☐ 1 United States Passport		☐ 1 A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes (Specify State) Ohio		☑ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
☑ 2 Certificate of United States Citizenship		☐ 2 U.S. Military Card		☐ 2 A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ 3 Certificate of Naturalization		☐ 3 Other (Specify document and issuing authority)		☐ 3. Unexpired INS Employment Authorization (Specify form)
☐ 4 Unexpired foreign passport with attached Employment Authorization				
☐ 5 Alien Registration Card with photograph				
Document Identification #		*Document Identification* #		*Document Identification* #
Expiration Date (if any)		*Expiration Date (if any)*		*Expiration Date (if any)*

CERTIFICATION. I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Ariel Castro	ARIEL CASTRO	
Employer Name	**Address**	**Date**
CLEVELAND PUBLIC SCHOOLS	1380 East Sixth Street - Cleveland, Ohio 44114	

Form I-9 (05/07/87)
OMB No. 1115-0136

EMPLOYEE # _____ POS. NAME

U.S. Department of Justice
Immigration and Naturalization Service

M-2

CLEVELAND BOARD OF EDUCATION

APPLICATION FOR NON-TEACHING POSITIONS

EMPL. # _____

TIME 1:23 A.M. (P.M.)

Date: 12-11-90

Bus Driver
Classification

[redacted]
Social Security No.

Castro — Last Name
Ariel — First Name
Middle Name

Address: 2233 W. 98 (Number and Street) Cleve. (City) Ohio (State) 44102 (Zip Code)

Cleveland Schools in your Area: 1. Almira Ele. 2. West Tech 3. _____

Age: Over 70? NO Under 18? NO U.S. Citizen? yes Telephone Number 459-1472

1. Were you ever previously employed by the Cleveland Board of Education? NO
   If so, when, where and in what capacity? _____
2. Do you have any handicap or physical disorder which would limit you in the job for which you are applying? NO Explain: _____
3. Have you ever been convicted of a violation of law or ordinance, including traffic violations, other than parking offences? (Yes or No) NO Explain - List violations and dates: May have minor traffic lights offenses.
4. Can you accept a position immediately? yes If not, how soon? _____

-EDUCATIONAL BACKGROUND -

	NAME OF SCHOOL	GRADE COMPLETED	COURSES	YEAR GRADUATED
High School:	Lincoln West	12		79
Location:	Cleve. Ohio (City and State)			
College:				
Location:	(City and State)			

Other Schools or Training: _____

Write a brief statement adding any additional information you care to provide concerning your interests, abilities, qualifications and future goals. I enjoy working with children. I have a good driving Record. I speak english and spanish. I plan to drive a bus and working with young people

Application Valid for Current School Year.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

- FORMER EMPLOYMENT -

NAME OF EMPLOYER Cumba Motors FROM _____ TO _____

ADDRESS 3465 W. 25th Street Cleve. Oh.

POSITION Helper + Driver SALARY Labor

REASON FOR LEAVING Applying for Bus Driver

NAME OF EMPLOYER Lesner Products FROM _____ TO _____

ADDRESS Columbus Rd. Cleve. Oh.

POSITION Drill Press SALARY _____

REASON FOR LEAVING Slow Buisiness

NAME OF EMPLOYER Pick-N-Pay FROM _____ TO _____

ADDRESS W. 65th. Street. Cleve. Oh.

POSITION Bagger + Cleaner SALARY _____

REASON FOR LEAVING _____

- PLEASE LIST CURRENT CLERICAL SKILLS -

Typing _____ W.P.M. Shorthand _____ W.P.M. Switchboard _____ Dictaphone _____

Calculator ✓ Adding Machine ✓

- PERSONAL REFERENCES -

NAME	ADDRESS	TITLE or RELATIONSHIP
John Soza		friend
Joe		friend
Bill		friend

Manager

- GENERAL WAIVER - CLEVELAND BOARD OF EDUCATION -

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for dismissal from or refusal of appointment for any position with the Cleveland Board of Education.

I understand that the Board of Education may want to verify the statements I have made in this application. I hereby give my permission for the Cleveland Board of Education or its authorized representative, either at this time or any time during my employment with the Board, to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records.

12-11-90
Date

Ariel Castro
Signature

Shirley Rusk
Witness - Cleveland Board of Education

1-82

Classified Personnel Division

READ CAREFULLY BEFORE COMPLETING EMPLOYMENT APPLICATION

Question Number Three on the Employment Application reads as follows: "Have you ever been convicted of a violation of law or ordinance, including traffic violations, other than parking offenses?"

As an applicant for employment with the Cleveland City School District you are expected to answer this question by truthfully listing all convictions and dates of convictions. If you desire you may provide additional information explaining the circumstances related to the convictions.

A RECORD OF CONVICTIONS IS NOT AN AUTOMATIC BAR TO EMPLOYMENT IN THE DISTRICT.

By my signature affixed below, I certify that I have read this document, question number three on the application form, and have answered question number three in a truthful manner.

Ariel Castro
Signature of Applicant

12-11-90
Date

Shirley Lark
Signature of Representative of Classified Personnel Division

12-11-90
Date

GENERAL WAIVER

I have made application for employment with the Cleveland Board of Education and I hereby authorize their officers, employees or their agents to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit and arrest record.

I hereby release the above named organization and its officers, employees an its agents from any and all liability for any damages whatsover the nature, which may at any time result to me on account of my compliance with the above request or any attempt to comply with same, whether such damages may be due to error, negligence or any reason whatsoever on the part of said organization.

Arrest Information

Further, I hereby authorize the Cleveland Board of Education to obtain any and all information regarding any arrest, convictions or any information listed under my name which might be on file.

I hereby release the Cleveland Board of Education from all liability for any damages whatsoever I may incur for furnishing any information concerning me, whether by reasons of unauthorized use, error, negligence or any reason whatsoever.

DATED: 12-11-90

Ariel Castro
(Signature of Applicant

Shirley Luck
(Witness)

PLEASE PRINT CLEARLY

NAME: Castro Ariel
Last First Middle

PREVIOUS NAME: _____

ADDRESS: 2233 W. 98 Cleve. Oh. 44102
Number and Street City State Zip Code

BIRTH DATE: 7-10-60

SOCIAL SEC. NO: [redacted]

HEIGHT 5'8" WEIGHT 170 Lbs.

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: Julio Cumba

RELATIONSHIP: Friend

ADDRESS: 3465 W. 25th

TELEPHONE NO: 459-1472

"Providing Educational Opportunities for Success"

1380 East 6th Street • Cleveland, Ohio 44114 • (216) 574-8000

Alfred D. Tutela, Superintendent

NEW HIRE EMPLOYMENT AFFIDAVIT

I, Ariel Castro (Applicant's Name), certify that all answers given by me on the Cleveland City School District's employment application are true and correct without omissions of any kind. I agree that the District shall not be liable in any manner if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

I also authorize the companies, schools or persons named on my application to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

I certify that all statements and answers to questions about my health are true and were made by me without reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature Ariel Castro Date 12-11-90

HOURLY

CLEVELAND PUBLIC SCHOOLS
EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation

CHECK ONE ☐ CERTIFICATED ☒ CLASSIFIED

PLEASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

EMP. NUMBER (1) / EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS. TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE N
[redacted]	01/21/1997			Bus Driver		5 hrs. 6 "		012-51001411		096
[redacted]	"			"		"		" "		096
[redacted]	"			"		"		" "		096
[redacted]	"			"		"		" "		096
[redacted]	"			"		"		" "		[redacted]
[redacted]	"			"		"		" "		096
Castro, Ariel	"			"		"		" "		096
[redacted]	"			"		"		" "		0
[redacted]	"			"		"		" "		096
[redacted]	"			"		"		" "		096

REASON FOR REQUEST/OTHER COMMENTS:

Hours changed to reflect 6 Hrs. per Local 407 Contract for Spares to receive benefits as they average more than 6 hrs. a day.

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

TRANSACTION TYPE CODES:

1. New Appointment
2. Reappointment
3. Reinstatement
4. Reclassification
5. Reemployment
6. Relocation
7. Transfer
8. Contract Extension
9. Hourly Supplemental
10. Additional Classes
11. Promotion

REQUESTED BY Michael Malloy — TIT Director

DIVISION/SCHOOL Transportation

SUBMITTED BY (DEPT. HEAD) (AREA SUPERINTENDENT) — DA

VERIFIED BY (BUDGET DIVISION) 3/14/97 — DA

APPROVED BY (SUPPORTIVE SERVICES) 3/19/97 — DA

APPROVED BY (FINANCIAL ADMINISTRATOR) — DA

APPROVED BY (SUPERINTENDENT/DEPUTY) 3/14/97 — DA

BOARD APPROVAL/ACTION No Board Action 3-27-97 — DA

1301

1 of 6

STOCK NO. 2419

PERSONNEL

CHECKLIST OF DOCUMENTS - RESIDENCY REQUIREMENTS
(ORIGINALS ONLY)

NAME: Ariel Castro

✓ 1. Current rental agency or independent party lease and a receipt or canceled checks for rental payment for the previous three (3) months, OR copy of mortgage document with current address listed and copy of mortgage payment receipt or canceled mortgage payment check for the previous three (3) months OR original deed or real estate tax statement, if home is paid in full. **THIS ITEM IS ABSOLUTELY REQUIRED!!!**

___ 2. State of Ohio income tax return form.*

✓ 3. Copy of current utility bills (gas, water, electricity), for up to six months.

✓ 4. Copy of current telephone bill.

___ 5. Copy of current auto insurance policy with current address.

___ 6. Copy of motor vehicle registration (mvr) with current address.

___ 7. Post office change of address form, if applicable.

✓ 8. Bank statements or checking accounts with address on checks.* OHE Credit Union

___ 9. School registration of children.

___ 10. Blue Cross/Blue Shield or other health carrier information or bills.

✓ 11. Driver's license. 2207 Seymour Ave

___ 12. Loans or other financial contracts.*

___ 13. Other current bills, such as charge accounts.*

THE FOLLOWING ITEMS ARE UNACCEPTABLE:

a. library card
b. birth certificate
c. voter registration card
d. social security card
e. rental receipts from independent party without canceled check

COMMENTS: _____

*Please "blank out" financial data if you so desire.

Date 3-16-95

HOURLY

CLEVELAND PUBLIC SCHOOLS
EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation

CHECK ONE ☐ CERTIFICATED ☒ CLASSIFIED

PLEASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

EMP. NUMBER (1) / EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS. TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO.
[redacted]	08-24-92		4	T.Sub Driver 650730 T. Reg Driver	11.296 ~~10.858~~	5.15 Hrs		012-51001411	51002	0969
[redacted]	08-24-92		"	T. Sub Driver T. REG Driver		5.00 hr		"	"	0964
Castro, Ariel	08-24-92		"	" "		5.31hr		"	"	0964
[redacted]	08-24-92		"	"		5.00hr		"	"	0968
[redacted]	08-24-92		"	"		5.00hr		"	"	0964
[redacted]	08-24-92		"	"		5.26hr		"	"	0964
[redacted]	08-24-92		"	"		5.00hr		"	"	0964
[redacted]	08-24-92		"	"		5.00hr		"	"	0968
[redacted]	08-24-92		"	"		5.05hr		"	"	0969 0968
[redacted]	08-24-92		"	"		5.15hr		"	"	0969 0968

REASON FOR REQUEST/OTHER COMMENTS:

To Cover Open Routes Per Contract

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

TRANSACTION TYPE CODES:

1. New Appointment
2. Reappointment
3. Reinstatement
4. Reclassification
5. Reemployment
6. Relocation
7. Transfer
8. Contract Extension
9. Hourly Supplemental
10. Additional Classes
11. Promotion

REQUESTED BY: Michael Malloy — TITLE: Interim Chief

DIVISION/SCHOOL: Transportation Department — DATE: 8-25-92

SUBMITTED BY (DEPT. HEAD) (AREA SUPERINTENDENT) — DATE: 8-26-92

VERIFIED BY (BUDGET DIVISION) — DATE: 8/31/92

APPROVED BY (SUPPORTIVE SERVICES) — DATE: 9/1/92

APPROVED BY (FINANCIAL ADMINISTRATOR) — DATE: 9/3/92

APPROVED BY (SUPERINTENDENT/DEPUTY) — DATE: 9/4/92

BOARD APPROVAL/ACTION — DATE

RECEIVED 92 AUG 27 P2:21 CLERK OF EDUCATIONAL CLASSIFICATION

RECEIVED 92 AUG 31 AM 9:10 PERSONNEL

32373

19B

2083

STOCK NO. 2419

FORM NO. P-08
STOCK NO. 2438 - (20M)
8/1/88

BOARD OF EDUCATION
CLEVELAND CITY SCHOOL DISTRICT
EMPLOYEE PERSONAL DATA CHANGE NOTICE
FOR RETIREMENT / PAYROLL - PERSONNEL RECORDS

Jan

TYPE OR PRINT, PLEASE

CLERK--TREASURER COPY

THIS AREA MUST BE FILLED IN COMPLETELY

EMPLOYEE NUMBER 290692 (1-6) YOUR LAST NAME NOW ON FILE CASTRO Ariel SOCIAL SECURITY NUMBER [redacted]

POSITION NAME Bus DRIVER

PRESENT WORK LOCATION Ridge Rd.

EFFECTIVE DATE OF CHANGE MO. 4 DAY 25 YR. 92

ON THE FOLLOWING LINES RECORD ONLY THAT INFORMATION WHICH REQUIRES CHANGE. PLEASE RECORD ON A "FROM-TO" BASIS AS PROVIDED.

FROM	TO
1. LAST NAME * CASTRO Ariel	1. 01518 7-20
2. MAIDEN OR FORMER LASTNAME	2. 01818
3. FIRST NAME Ariel	3. 01614 21-30
4. MIDDLE NAME	4. 01714 31
5. SOCIAL SECURITY NUMBER	5. 03909 32-40
6. BIRTH DATE MO. DAY YR.	6. 00706 41-46
7. STREET ADDRESS 2233 W. 98	7. 00130 2207 SeyMOUR
8. CITY Cleve.	8. 00215
9. STATE Ohio	9. 04010
10. ZIP CODE 44102	10. AREA CODE 04608 44113
11. PHONE AREA CODE 459 14 - 72	11. 17710 459 14 - 72
12. MARITAL STATUS ☐ MARRIED ☐ WIDOWED ☑ SINGLE ☐ DIVORCED ☐ SEPARATED (CHECK ONE)	12. MARITAL STATUS 2. ☐ MARRIED 3. ☐ WIDOWED 1. ☑ SINGLE 4. ☐ DIVORCED 5. ☐ SEPARATED 02301 (CHECK ONE)

REASON FOR CHANGE

* ATTACH COPY OF LEGAL EVIDENCE IF CHANGE RESULTS FROM ORDER OF A COURT OF LAW. THIS COPY WILL NOT BE RETURNED.

Moved

INDICATE BY AN "X", THE OHIO RETIREMENT SYSTEM IN WHICH YOU HAVE A MEMBERSHIP.

☐ S.T.R.S. - STATE TEACHERS RETIREMENT SYSTEM ☒ S.E.R.S. - SCHOOL EMPLOYEES RETIREMENT SYSTEM ☐ BOTH RETIREMENT SYSTEMS ☐ NONE

EMPLOYEE SIGNATURE Ariel Castro DATE MO. 4 DAY 28 YR. 92

DIVISION OF PERSONNEL SIGNATURE _____ DATE MO. DAY YR. _____

CLERK TREASURER'S USE ONLY
LEGAL EVIDENCE FORWARDED
TO _____
ON REPORT
OF _____

FORM ROUTING

	DATE
PAYROLL	
RETIREMENT	
DATA PROCESSING	
	INITIALS
KEYPUNCHED BY	
VERIFIED BY	

RETURN TO SENDER ☐
REASON: _____

APR 30 '92 A10:48

OURLY

CLEVELAND PUBLIC SCHOOLS
EMPLOYEE REQUEST FORM

ROGRAM OR PROJECT Transportation

CHECK ONE ☐ CERTIFICATED ☒ CLASSIFIED

EASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

IP. NUMBER (1) / MPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS. TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO.
[redacted]				806.						
astro, Ariel ✓	08-23-91		6	Sub Driver	10.337			012-51001411	51002	0968 0964
[redacted]	"		"	"				"	"	0968 0964
[redacted]	"		"	"				"	"	0969 0964
[redacted]	"		"	"				"	"	0968 0964
[redacted]	"		"	"				"	"	0968 0964
[redacted]	"		"	"				"	"	0968 0964
[redacted]	"		"	"				"	"	0969 0964
[redacted]	"		"	"				"	"	0969 0964
[redacted]	"		"	"				"	"	0969 0968

ASON FOR REQUEST/OTHER COMMENTS:

relocation

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

TRANSACTION TYPE CODES:
1. New Appointment
2. Reappointment
3. Reinstatement
4. Reclassification
5. Reemployment
6. Relocation
7. Transfer
8. Contract Extension
9. Hourly Supplemental
10. Additional Classes
11. Promotion

427

CLEVELAND PUBLIC SCHOOLS
91 SEP 17 P2:33
SEP -3 P12:30
OFFICE OF THE DEPUTY SUPERINTENDENT

REQUESTED BY Harry W. James — Director (TITLE)

Transportation Operations — August 28, 1991 (DATE)
DIVISION/SCHOOL

SUBMITTED BY (DEPT. HEAD) (AREA SUPERINTENDENT) — 8-28-91 (DATE)

VERIFIED BY (BUDGET DIVISION) — 9/4/91 (DATE)

AE 9/3/91

APPROVED BY (SUPPORTIVE SERVICES) — 9/5/91 (DATE)

APPROVED BY (FINANCIAL ADMINISTRATOR) — 9/13/91 (DATE)

APPROVED BY (SUPERINTENDENT/DEPUTY) — 9/17/91 (DATE)

No Board approval required

BOARD APPROVAL/ACTION — DATE

OCK NO. 2419

HOURLY

CLEVELAND PUBLIC SCHOOLS
EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation

CHECK ONE ☐ CERTIFICATED ☒ CLASSIFIED

PLEASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

EMP. NUMBER (1) / EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS. TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO
[redacted]										
Castro, Ariel	04-29-91		4	T. Trainee T. Sub Driver 806	10.337	5	1,808.80	012-51001411	51002	0964
[redacted]	04-26-91		"	"				"	"	"
	04-26-91		"	"				"	"	"
	04-29-91		"	"				"	"	"

REASON FOR REQUEST/OTHER COMMENTS:

COMPLETION OF TRAINING

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

TRANSACTION TYPE CODES:
1. New Appointment
2. Reappointment
3. Reinstatement
4. Reclassification
5. Reemployment
6. Relocation
7. Transfer
8. Contract Extension
9. Hourly Supplemental
10. Additional Classes
11. Promotion

REQUESTED BY Harry W. James — Director (TITLE)

Transportation Operations — April 29, 1991 (DIVISION/SCHOOL — DATE)

SUBMITTED BY (DEPT. HEAD) (AREA SUPERINTENDENT) — 4-30-91 (DATE)

VERIFIED BY (BUDGET DIVISION) — 5/14/91 (DATE)

APPROVED BY (SUPPORTIVE SERVICES) — 5/14/91 (DATE)

APPROVED BY (FINANCIAL ADMINISTRATOR) — 5/17/91 (DATE)

APPROVED BY (SUPERINTENDENT/DEPUTY) — 5/21/91 (DATE)

BOARD APPROVAL/ACTION — No Board approval required (DATE)

7842
B
2082

CLEVELAND PUBLIC SCHOOLS
RECEIVED
MAY 20 P2:20
MAY 23 A11:44 '91 APR 31 A10:42
OFFICE OF THE DEPUTY SUPERINTENDENT
CLASS.

STOCK NO. 2419

Ariel Castro

"Providing Educational Opportunities for Success"

CLEVELAND PUBLIC SCHOOLS

1380 East 6th Street • Cleveland, Ohio 44114 • (216) 574-8000

Alfred D. Tutela, Superintendent

TEMPORARY SCHOOL BUS DRIVER TRAINER EMPLOYMENT AFFIDAVIT

I Ariel Castro accept the position of Temporary School Bus Driver Trainee with the understanding that the following terms and conditions will govern my employment as a Temporary School Bus Driver Trainee with the Board of Education, Cleveland City School District. I authorize the District to conduct a thorough background investigation of myself, including all appropriate police record checks. I further understand that my employment may be terminated should a background check disclose any of the following:

a. An At-Fault Accident within the last eighteen (18) months.

b. More than two (2) points against driver's license in last three years or excessive record of traffic violations.

c. Conviction of a crime(s) including crimes involving moral turpitude.

I understand that before I can report to work for training I must take and pass a physical examination. I further understand that in order to become a permanent School Bus Driver Trainee, I must take and pass a competitive Civil Service Examination.

Ariel Castro
Signature of Applicant

3-6-91
Date

Kenneth L. Halek
Director, Classified Personnel
or Designee

MAR 06 1991
Date

05/89-mm

HOURLY

CLEVELAND PUBLIC SCHOOLS
EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation

CHECK ONE [ ] CERTIFICATED [X] CLASSIFIED

PLEASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES

EMP. NUMBER (1) / EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE N
[redacted]			1	798 Bus Driver Sub	8.308			012-5100141L	5002	0761
[redacted]			1							
[redacted]			1							
[redacted]			1							
Ariel Castro M-3			1							
[redacted]			1							
[redacted]			1							
[redacted]			1							
[redacted]			1							
[redacted]			1							

REASON FOR REQUEST/OTHER COMMENTS.

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

TRANSACTION TYPE CODES:

1 New Appointment
2. Reappointment
3 Reinstatement
4 Reclassification
5 Reemployment
6 Relocation
7. Transfer
8 Contract Extension
9 Hourly Supplemental
10 Additional Classes
11 Promotion

6026
839

REQUESTED BY Harry W. James — TITLE Director

DIVISION/SCHOOL Transportation Operations

SUBMITTED BY (DEPT. HEAD/AREA SUPERINTENDENT) — DATE 6-30

VERIFIED BY (BUDGET DIVISION) AE 7/13/90 — DATE 7/19/90

APPROVED BY (SUPPORTIVE SERVICES) M-17-90 SCR 7/30/90 — DATE

APPROVED BY (FINANCIAL ADMINISTRATOR) 7/26/90 OK to post Alan L. Mitchell 1/17/91 — DATE

APPROVED BY (SUPERINTENDENT/DEPUTY) W.D. Reed (for) 1/17/91 2/Exr 1/18/91 — DATE

RECEIVED 1991 JAN 17 AM 8:48 FINANCIAL ADMINISTRATOR

STOCK NO. 2419

BOARD APPROVAL/ACTION — DATE

RESOLUTION #114-86 was passed on February 13, 1986 - please note it will go into effect on August 13, 1986.

RESOLUTION NO. 114-86

ESTABLISHING RESIDENCY REQUIREMENTS

WHEREAS, a goal of the Cleveland Board of Education is the encouragement of integration in society and the schools, and

WHEREAS, employees who live within the school district are more likely to be committed to an urban development system, and

WHEREAS, employees living in the district are more likely to be involved in the school and community activities, bringing them in contact with parents and community leaders, and are more likely to be committed to the future of the district and its schools, and

WHEREAS, employees who live in the school district are more likely to gain sympathy and understanding for the racial, social, economic and urban problems of the children with whom they work, and are less likely to be considered isolated from the communities in which they teach, now therefore be it

RESOLVED, except as otherwise provided by a majority rule of the Board of Education, every regular non-teaching employee of the Cleveland City School District, including but not limited to certificated, classified or unclassified, who are initially appointed after the effective date of this Resolution, shall at the time of his/her appointment or within one year thereafter, be or become a bona fide resident of the Cleveland City School District and shall remain as such while employed by the Cleveland City School District, and be it further

RESOLVED, that the effective date of this Resolution shall be six (6) months from the date of passage of this Resolution and, be it further

RESOLVED, that re-appointment of an employee at the expiration of his contract or the recalling of previously laid off or retired employees shall not be considered an initial appointment for purposes of this Resolution.

Ariel Castro
Signature

12-11-90
Date

Shirley Buck
Director - Classified Personnel or Designee

12-11-90
Date

CLEVELAND PUBLIC SCHOOLS

Residency Requirement Agreement Form

Applicant's Name: Ariel Castro

Address: 2233 W. 98 Cleve. Oh. 44102

Telephone Number: 459-1472

Social Security Number: [redacted]

Position: Bus Driver

Department:

Division:

Department Head:

Supervisor:

Work Site: Ridge

Please read the statements below and affix your signature and the date to the right of your signature.

I am not a resident of the Cleveland City School District. My correct address is shown above.

I have read Board Resolution #114-86 requiring that effective August 13, 1986, new hires must live in the Cleveland city School District or within one year after their date of hire they must establish residency in the Cleveland City School District.

It is my intention to establish residency in the Cleveland City School District within one year of the date of hire in order to comply with Board Resolution #114-86.

I understand that as a new hire should I fail to establish a residence in the Cleveland City School District within one year of the date of hire in conformance with Resolution #114-86 I will be discharged as an employee of the Cleveland City School District.

Ariel Castro 12-11-90

Signature of Applicant Date

Shirley Lewis 12-11-90

Signature of Personnel Director or designee Date

Rev 9/89

CLEVELAND PUBLIC SCHOOLS

EMPLOYEE CONFLICT OF INTEREST AGREEMENT FORM

No employee shall recklessly fail to perform a duty expressly imposed by law with respect to his/her office, or recklessly do any act expressly forbidden by law with respect to the employee's office.

Nepotism. The Board shall not hire member of the immediate family of a professional or support staff employee in the same administrative unit or under the same immediate supervisor as the employee. At no time may administrators be directly responsible for the supervision or evaluation of members of their immediate family or household without consent of administration.

Investment in Conflict with Official Duties. Employees shall not invest or hold any investment directly or indirectly in any financial, business, commercial, or other private transaction that creates a conflict with school duties.

Private Employment. Employees shall not engage in, solicit, negotiate for, or promise to accept private employment or render services for private interests when such employment or service creates a conflict with or impairs the proper discharge of official school duties. Neither shall employees engage in any private business on school property nor during their regular working hours nor during the additional time they need to fulfill the responsibilities of the position. Employees shall not use any district equipment or materials in performing work not related to their official school duties.

Future Employment. Employees shall not, after the termination of service or employment with the Board, appear before the Board of any school district agency on behalf of themselves or third parties in relation to any case, preceding, or application in which they personally participated during the period of their service, or employment, or which was under their active consideration.

BY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY BOARD POLICY #4214.3 ENTITLED "EMPLOYEE CONFLICT OF INTEREST".

Ariel Castro
SIGNATURE

12-11-90
DATE

ARIEL CASTRO
PLEASE PRINT NAME

Shirley Lusk
DIRECTOR-CLASSIFIED PERSONNEL OR DESIGNEE

12-11-90
DATE

BOARD POLICY
ADOPTED 03/26/87

CLEVELAND PUBLIC SCHOOLS

CLASSIFIED PERSONNEL DIVISION

_____ I have read a memorandum dated December 22, 1986 describing the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

_____ I understand that should I experience a reduction in number of hours worked or be laid off, terminated, or fired. I have the opportunity to receive the same options for health care benefits that I have at the group rate.

_____ I understand that should I die my beneficiaries will have the opportunity to purchase health care benefits.

_____ I understand that should there be a change in my relationship with my family my spouse will have an opportunity to purchase health care benefits which they currently have at the group rate.

Ariel Castro — 12-11-90
Signature — Date

Shirley Su — 12-11-90
Signature of Classified Personnel Representative — Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE

"Providing Educational Opportunities for Success"

CLEVELAND PUBLIC SCHOOLS

1380 East 6th Street Cleveland Ohio 44114 216 574 8020

Alfred D. Tutela, Superintendent

TEMPORARY SCHOOL BUS DRIVER TRAINEE EMPLOYMENT AFFIDAVIT

I, Ariel Castro, accept the position of Temporary School Bus Driver Trainee with the understanding that the following terms and conditions will govern my employment as a Temporary School Bus Driver Trainee with the Board of Education, Cleveland City School District. I authorize the District to conduct a thorough background investigation of myself, including all appropriate police record checks. I further understand that my employment may be terminated should a background check disclose any of the following:

A. An At-Fault Accident within the last eighteen (18) months

B. More than two (2) points against driver's license in last three years or excessive record of traffic violations.

C. Conviction of a crime(s) including crimes involving moral turpitude.

I understand that before I can report to work for training I must take and pass a physical examination. I further understand that in order to become a permanent School Bus Driver Trainee, I must take and pass a competitive Civil Service Examination.

Ariel Castro
Signature of Applicant

12-11-90
Date

Director, Classified Personnel
or Designee

12-11-90
Date

2

Tracking Form Nu[redacted]	Effective	[redacted] Employee
2959	8/23/2004	CASTRO, ARIEL
Change Type	**Transfer Type**	
Location Change	Other (specify)	
Staffing Signed	**Budgets Signed**	**Comp. Signed**
Y	Y	Y
Staffing Signer	**Budgets Signer**	**Comp. Signer**
AUDREY LETSON	AMBER BURGESS	DORIAN ROWELL
Staffing Signed On	**Budgets Signed On**	**Comp. Signed On**
8/19/2004 10:12	9/17/2004 13:13	9/20/2004 12:53
Notes		
per collective bargaining agreement		

Original Values

Basic Information

SSN	Last Name	First Name	MI
[redacted]	CASTRO	ARIEL	
Gender	**Ethnicity**	**Primary Location**	**Loc. Code**
Male	HISPANIC	LAKE CENTER	0969

Assignment

Job Identifier	Job Title	Contract No.
650760	PROFESSIONAL DRIVER	0
Pay Table	**Grade**	**Step**
HRL407	REGLR	5
Table Amount		
$ 17.78		
Contract Days	**Normal Days**	**Leave Accrual FTE**
260	260	74
Other Amount	**Contract Amount**	
[N/A]	[N/A]	

Account(s)

Account	Distribution
001.0383.2810.141.000000.964.00.000	100

Changed Values

Basic Information

SSN	Last Name	First Name	MI
[redacted]	CASTRO	ARIEL	
Gender	**Ethnicity**	**Primary Location**	**Loc. Code**
Male	HISPANIC	LAKE CENTER	0969

Assignment

Job Identifier	Job Title	Contract No.
650760	PROFESSIONAL DRIVER	0
Pay Table	**Grade**	**Step**
HRL407	REGLR	5
Table Amount		
$ 17.78		
Contract Days	**Normal Days**	**Leave Accrual FTE**
260	260	74
Other Amount	**Contract Amount**	
[N/A]	$ 17.26	

Account(s)

Account	Distribution
001.0383.2810.141.000000.969.00.000	100

Cleveland Municipal School District

ESWEB

EMPLOYEE SERVICES for DORIAN ROWELL

HOME | go to RECRUITER menu | Log Out

Position Change Tracking Form

Staffing | Finance | Compensation | Done

Transaction Type	Contract Status	Effective Date
Location Change	...	8 / 23 / 2004
Transfer Type		
Other (specify)		
MEMO		
per collective bargaining agreement		

Staffing	Finance	Compensation
☑ AUDREY LETSON 8/19/2004 10:12:37 AM	☑ AMBER BURGESS 9/17/2004 1:13:22 PM	☐

To cancel a signature, click on one of the ☑ shown above. This will remove this tracking form affecting the roster.

Summary of Changes

Current Information

SSN	Gender	Ethnicity
[redacted]	Male	HISPANIC
First Name	Last Name	MI
ARIEL	CASTRO	
Primary Location		
(0969) LAKE CENTER		

Job Code	Contract Number
(650760) PROFESSIONAL DRIVER HRL407-LOCAL 407 HOURLY BUS DRVRS	0
Table | Grade | Step | Amount	
HRL407 | REGLR | 5 | $17.26	

Contract Days	Normal Days	Leave Accrual FTE
260	260	74
Other Amount	Contract Amount	
$0.00	$0.00	

Account	Percent
001.0383.2810.141.000000.964.00.000	100

New Information

Enter location 0000 while new location has not been fin

SSN	Gender	Eth
[redacted]	○ Female ◉ Male	HISP/
First Name	Last Name	
ARIEL	CASTRO	
Primary Location		
0969 ▲ (0969) LAKE CENTER		

Job Code	Contract
650760 ▲ (650760) PROFESSIONAL DRIVER HRL407-LOCAL 407 HOURLY BUS DRVRS	
Table | Grade | Step | Amount	
HRL407 REGLR 5 $17.26	

Contract Days	Normal Days	Leave Acc
260	260	
Other Amount	Contract Amount	
$0.00	$17.26	

Account
001 . 0383 . 2810 . 141 . 000000 . 969 . 00 . 000 ☑
☐ Request Creation

Add Account | Remove Account

CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)

RUN DATE : 09/18/98

ORG.	ORGANIZATION NAME	EFFECTIVE DATE	PERSONNEL ACTION
ORG02	CLASSIFIED PERSONNEL	05/07/97	18

EMPLOYEE I.D.	EMPLOYEE NAME	SUFFIX	PREFIX
[redacted]	CASTRO,ARIEL		MR.

STREET ADDRESS	CITY	STATE	ZIP CODE
2207 SEYMOUR	CLEVELAND	OH	44113

HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY
(216)459-1472	M	07/10/60	M	3

EMERGENCY CONTACT	RELATIONSHIP	CONTACT TELEPHONE
[redacted]	FRIEND	[redacted]

EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON
A	02/19/91	02/19/91			

REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE
P	F	N	H	02/19/91	02/19/91

BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE
	02410000				

CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY
2844	0964	26	100%	1

JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
2	08/24/92	99/99/99		650760	02/19/91	$14.664	H

RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
C3	100.00%	B1	02410000	P		D	08/24/1992

CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR
$14.664	08/24/1992		0964	2844		

	ACCOUNT NUMBER	EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1.	4-012-069-2-51001411-0964	REH		100.00%	08/24/92	99/99/99
2.	4-012-069-2-51001411-0964	SPT		100.00%	08/24/92	99/99/99
3.						

JOB TITLE	SCHOOL LOCATION
PROFESSIONAL DRIVER STEP3	OPERATIONS OFFICE RIDGE ROAD M/T DEPOT(DOHRN

REMARKS

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)

02. LEAVE OF ABSENCE WITH PAY

03. LEAVE OF ABSENCE WITHOUT PAY

04. RETURN FROM LEAVE OF ABSENCE

05. SEPARATION

06. PROMOTION

07. JOB RECLASSIFICATION

08. DEMOTION

09. JOB ASSIGNMENT (CHANGE)

10. TRANSFER

11. REAPPOINTMENT

12. OTHER

19. ADJUSTMENT (SALARY)

CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)

PRINT DATE : 03/17/97

ORG.	ORGANIZATION NAME	EFFECTIVE DATE	PERSONNEL ACTION
0800	CLASSIFIED PERSONNEL	01/17/97	1L

EMPLOYEE I.D.	EMPLOYEE NAME	SUFFIX	PREFIX
[redacted]	CALTRO,ANGEL		MR

STREET ADDRESS	CITY	STATE	ZIP CODE
2307 E 74ST	CLEVELAND	OH	44103

HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY
(216)433-1173	M	07/10/57	M	5

EMERGENCY CONTACT	RELATIONSHIP	CONTACT TELEPHONE
[redacted]	[illegible]	[redacted]

EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON
A	04/19/91	04/19/91			

REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE
R	F	N	C	04/19/91	04/19/91

BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE
	0-4120000				

CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY
2044	0001	26	100.0	A

JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
-	03/24/94	00/00/00		07706	02/20/91	124.037	H

RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
00	100.00	81	0-4120000	P		-	08/24/194

CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR
124.037	03/24/1994		0964	2044		

	ACCOUNT NUMBER	EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1.	1-124-067-2-12031411-0304	REG		100.00	02/24/92	11/30/93
2.	1-124-067-2-12031411-0304	SPT		100.00	06/24/94	11/23/94
3.						

JOB TITLE	SCHOOL LOCATION
PROFESSIONAL DRIVER STP3	OPERATIONS OFFICE RIDGE ROAD T/T DEPOT(OHIO)

REMARKS

DATA CORRECTION

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
Pat Bogdanski		Pat	4-19-97	[illegible]	4/[illegible]

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)

02. LEAVE OF ABSENCE WITH PAY

03. LEAVE OF ABSENCE WITHOUT PAY

04. RETURN FROM LEAVE OF ABSENCE

05. SEPARATION

06. PROMOTION

07. JOB RECLASSIFICATION

08. DEMOTION

09. JOB ASSIGNMENT (CHANGE)

10. TRANSFER

11. REAPPOINTMENT

12. OTHER

19. ADJUSTMENT (SALARY)

EMPLOYEE SALARY HISTORY PGM ID: ISI00B45
DATE : 11/09/95

CASTRO,ARIEL [redacted]
ORIG. HIRE DATE: 02-19-91 EMPLOYMENT DATE: 02-19-91

DATE	JOB CLASS	JOB TITLE	TIME CODE	ANNUAL RATE	CBOE RATE	BARG UNIT	PAY STEP	ERN TYPE	RATE/ AMOUNT	ORIGIN OF DATA
12 28 92	650730	PROFESSIONAL DRIVER	H	.00	11.296	DG1	00	000	.000	E
04 05 93	650730	PROFESSIONAL DRIVER	H	.00	11.296	DG1	00	000	.000	E
06 30 93	650730	PROFESSIONAL DRIVER	H	.00	11.635	DG1	00	000	.000	E
10 03 93	650740	PROFESSIONAL DRIVER	H	.00	12.249	DG1	01	000	.000	E
12 31 93	650740	PROFESSIONAL DRIVER	H	.00	12.249	DG1	01	000	.000	E
04 06 94	650740	PROFESSIONAL DRIVER	H	.00	12.249	DG1	01	000	.000	E
06 29 94	650740	PROFESSIONAL DRIVER	H	.00	12.249	DG1	01	000	.000	E
10 06 94	650750	PROFESSIONAL DRIVER	H	.00	12.980	DG1	02	000	.000	E
12 31 94	650750	PROFESSIONAL DRIVER	H	.00	12.980	DG1	02	000	.000	E
04 05 95	650750	PROFESSIONAL DRIVER	H	.00	12.980	DG1	02	000	.000	E
07 11 95	650750	PROFESSIONAL DRIVER	H	.00	12.980	DG1	02	000	.000	E
10 27 95	650760	PROFESSIONAL DRIVER	H	.00	14.237	DG1	03	000	.000	E

FOR LOCAL 407, THE RATES REFLECT INCREASES OF 5% ON 9-1-89, 1% ON 7-1-90, 4% ON 7-1-91, 1% ON 9-15-91, 3% ON 7-1-92, 0% ON 7-1-93, 2% ON 7-1-94 AND 6% ON 7-1-95

CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)

RUN DATE : 03/08/95

ORG.	ORGANIZATION NAME	EFFECTIVE DATE	PERSONNEL ACTION
ORG.2	CLASSIFIED PERSONNEL	09/01/95	15

EMPLOYEE I.D.	EMPLOYEE NAME	SUFFIX	PREFIX
[redacted]	CASTRO,ARIEL		MR.

STREET ADDRESS	CITY	STATE	ZIP CODE
2207 SEYMOUR	CLEVELAND	OH	44113

HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY
(216)459-1472	M	07/10/60	M	3

EMERGENCY CONTACT	RELATIONSHIP	CONTACT TELEPHONE
[redacted]	FRIEND	[redacted]

EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON
A	02/19/91	02/19/91			

REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE
[illegible]	F	N	H	02/19/91	02/19/91

BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE
	02410000				

CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY
2844	0964	26	100%	1

JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
[illegible]	08/24/92	99/99/99		65C760	02/19/91	$14.237	H

RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
03	100.000	81	02410000	P		D	08/24/1992

CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR
$14.237	08/24/1992		0964	2844		

	ACCOUNT NUMBER	EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1.	4-012-066-2-31001411-0964	REH		100.000	08/24/92	99/99/99
2.	4-012-066-2-31001411-0964	SFT		100.000	08/24/92	99/99/99
3.						

JOB TITLE	SCHOOL LOCATION
PROFESSIONAL DRIVER STEP3	OPERATIONS OFFICE RIDGE ROAD M/T DEPOT(DCHRN

REMARKS

ADJUSTMENT (SALARY)

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
Marcia Lyon	9-15-95	Marcia Lyon	9-15-95	[illegible]	9/15/95.

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)

02. LEAVE OF ABSENCE WITH PAY

03. LEAVE OF ABSENCE WITHOUT PAY

04. RETURN FROM LEAVE OF ABSENCE

05. SEPARATION

06. PROMOTION

07. JOB RECLASSIFICATION

08. DEMOTION

09. JOB ASSIGNMENT (CHANGE)

10. TRANSFER

11. REAPPOINTMENT

12. OTHER

19. ADJUSTMENT (SALARY)

CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)

PAF DATE : 09/15/93

ORG.	ORGANIZATION NAME	EFFECTIVE DATE	PERSONNEL ACTION
0P000	CLASSIFIED PERSONNEL	09/01/93	19

EMPLOYEE I.D.	EMPLOYEE NAME	SUFFIX	PREFIX
[redacted]	CASTRO,ARIEL		Mr.

STREET ADDRESS	CITY	STATE	ZIP CODE
2007 SOYAOUR	CLEVELAND	OH	44113

HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY
(216)459-1472	M	07/10/50	M	5

EMERGENCY CONTACT	RELATIONSHIP	CONTACT TELEPHONE
[redacted]	FRIEND	[redacted]

EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON
A	02/19/91	02/19/91			

REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE
.	F	..	H	02/19/91	02/19/91

BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE
	02410000				

CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY
2844	0964	26	100%	1

JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
[illegible]	08/24/92	99/99/99		500740	02/19/91	812.249	H

RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
C1	100.00%	31	02410000	P		U	08/24/1992

CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR
812.249	08/24/1992		0964	2844		

	ACCOUNT NUMBER	EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1.	4-012-064-2-51001411-0964	SPT		100.00%	08/24/92	99/99/99
2.	4-012-064-2-51001411-0964	SPT		100.00%	08/24/92	99/99/99
3.						

JOB TITLE	SCHOOL LOCATION
PROFESSIONAL DRIVER STEP1	OPERATIONS OFFICE RIDGE ROAD F/T DEPOT(DCHRG

REMARKS

ADJUSTMENT (SALARY)

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
[illegible]	9-21-93				

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)

02. LEAVE OF ABSENCE WITH PAY

03. LEAVE OF ABSENCE WITHOUT PAY

04. RETURN FROM LEAVE OF ABSENCE

05. SEPARATION

06. PROMOTION

07. JOB RECLASSIFICATION

08. DEMOTION

09. JOB ASSIGNMENT (CHANGE)

10. TRANSFER

11. REAPPOINTMENT

12. OTHER

19. ADJUSTMENT (SALARY)

CASTRO,ARIEL [redacted]
ORIG. HIRE DATE: 02-19-91 EMPLOYMENT DATE: 02-19-91

DATE	JOB CLASS	JOB TITLE	BARG UNIT	PAY STEP	ORIGIN OF DATA
		TIME CODE / ANNUAL RATE / PAY RATE	ERN TYPE	RATE/ AMOUNT	
08 02 91	650720	INTERN DRIVER	DG	00	P
		H .00 10.337	000	.000	
10 11 91	650720	INTERN DRIVER	DG	00	P
		H .00 10.337	000	.000	
12 31 91	650720	INTERN DRIVER	DG1		E
		H .00 10.967		.000	
06 30 92	650720	INTERN DRIVER	DG1		E
		H .00 10.967		.000	
08 31 92	650720	INTERN DRIVER	DG1		E
		H .00 11.296		.000	
12 31 92	650730	PROFESSIONAL DRIVER	DG1	00	E
		H .00 11.296		.000	

FOR LOCAL 407, THE RATES REFLECT INCREASES OF 5% ON 9-1-89, 1% ON 7-1-90, 4% ON 7-1-91, 1% ON 9-15-91, AND 3% ON 7-1-92

RUN DATE : 10/02/92

CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)

ORG.	ORGANIZATION NAME	EFFECTIVE DATE	PERSONNEL ACTION
OR002	CLASSIFIED PERSONNEL	08/24/92	06

EMPLOYEE I.D.	EMPLOYEE NAME	SUFFIX	PREFIX
[redacted]	CASTRO,ARIEL		MR.

STREET ADDRESS	CITY	STATE	ZIP CODE
2207 SEYMOUR	CLEVELAND	OH	44113

HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY
(216)459-1472	M	07/10/60	M	3

EMERGENCY CONTACT	RELATIONSHIP	CONTACT TELEPHONE
[redacted]	FRIEND	[redacted]

EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON
A	02/19/91	02/19/91			

REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE
A	F	N	H	02/19/91	02/19/91

BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE
	16200000				

CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY
2844	0964	26	100%	1

JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
2	08/24/92	99/99/99		650730	08/24/92	$11.296	H

RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
	100.00%	B1	16200000	P		D	08/24/1992

CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR
$11.296	08/24/1992		0964	2844		

	ACCOUNT NUMBER	EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1.	4-012-063-2-51001411-0964	REH		100.00%	08/24/92	99/99/99
2.	4-012-063-2-51001411-0964	SPT		100.00%	08/24/92	99/99/99
3.						

JOB TITLE	SCHOOL LOCATION
PROFESSIONAL DRIVER STEPO	TRANSPORTATION OPERATIONS DIV RIDGE ROAD M/T DEPOT(DOHRN

REMARKS

PLEASE SEE THE BACK OF FORM
FOR A DEFINITION OF PERSONNEL ACTION CODES.

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
Pat Bogdanski					

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

NO BOARD APPROVAL REQUIRED

CLEVELAND CITY SCHOOL DISTRICT

PERSONNEL INFORMATION REPORT

FORM P-11A 8-79

APPOINTMENT

- [ ] TEMPORARY—PENDING EXAMINATION
- [ ] REGULAR DATE OF CERTIFICATION _____
- [ ] EMERGENCY UP TO 30 DAYS EXPIRES AFTER _____
- [ ] TEMPORARY
- [X] CHANGE OF ASSIGNMENT ~~AND/OR RATE~~ RELOCATION

EXPLAIN IN REMARKS BELOW

EXPIRATION

- [ ] DEATH
- [ ] DISMISSAL
- [ ] LAYOFF
- [ ] LEAVE OF ABSENCE
- [ ] RESIGNATION
- [ ] SUSPENSION

EFFECTIVE DATE MONTH	DAY	YEAR	PENSION CODE	EMPLOYEE NUMBER	DATE OF BIRTH MONTH	DAY	YEAR	
08	23	91	[ ] T - TEACHING N - NON-TEACHING B - BOTH SYSTEMS 03001	290692				PERSONNEL 5

LAST NAME	FIRST NAME	MIDDLE NAME	FORMER NAME	
CASTRO,	ARIEL			A

STREET ADDRESS	CITY	STATE	ZIP CODE
2233 WEST 98TH STREET - CLEVELAND, OHIO 44102			

SEX	MARITAL STATUS	TAX CODE	NO. OF DEPENDENTS FEDERAL	STATE	MINORITY CLASSIFICATION	TIME EMPLOYED % 100% = 00	
[ ] 1 - FEMALE 2 - MALE 03801	[ ] 1 - SINGLE 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED	[ ] M - MARRIED S - SINGLE 04103	[ ]	[ ] 20002	17801	04302	B

DEPARTMENT NAME	POSITION NAME
TRANSPORTATION DEPARTMENT	

SCHOOL NAME	
RIDGE ROAD DEPOT	TEMPORARY SUBSTITUTE DRIVER

TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	RETIREMENT	TELEPHONE NUMBER	NON-TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	SOCIAL SECURITY NUMBER
01003	03403	01202	[ ] YES [ ] NO 03201	AREA CODE ___ ___ ___	00903	806 03303	01102	[redacted]

TIME CODE	TIME SCHEDULE CODES	PAY CYCLE	SCHEDULE AND STEP	I. S. T. AMOUNT (DOLLARS ONLY)	DIFFERENTIAL AMT. (DOLLARS ONLY)
[ ] D-DAILY H-HOURLY S-SALARY 04201	[ ] A-190 DAYS 38 WKS. B-195 DAYS 39 WKS. C-200 DAYS 40 WKS. D-205 DAYS 41 WKS. E-210 DAYS 42 WKS. F-215 DAYS 43 WKS. G-220 DAYS 44 WKS. H-225 DAYS 45 WKS. K-230 DAYS 46 WKS. L-235 DAYS 47 WKS. M-240 DAYS 48 WKS. R-260 DAYS 52 WKS. 04401	[ ] 1-TEACHING PAYDATE 2-NON-TEACHING PAYDATE 02601	03703	$ 02104	$ 01304

CONTRACT OR ANNUAL SALARY	DAILY/HRLY. RATE	EMPLOYMENT DATE MO.	DAY	YR.		HOSP.-INS.		EXPIRATION DATE	
$ 00407	00605	00806			✓ CHECK AND ADVISE EMPLOYEE	BOARD SH.		INDEFINITE MO. DAY YR.	C
						TOT. EMP.	2		
						NONE 17401	3		

SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER		SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER	
1 0 09101	964 09203	00 08702	12 08902	51002 09005		2 09801	09903	09402	09602	09705	
3 10501	10603	10102	10302	10405		4 11201	11303	10802	11002	11105	
5 11901	12003	11502	11702	11805	D	6 12601	12703	12202	12402	12505	E

REMARKS:

RELOCATION - EFFECTIVE 08/23/91
EKF# 427

PREPARED BY	APPROVED BY	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
LUCY S. FOY						

ALVIN EVANS

DIVISION OF PERSONNEL — APPOINTING AUTHORITY

09/27/91

DATE _____ DATE _____

NO BOARD APPROVAL REQUIRED

CLEVELAND CITY SCHOOL DISTRICT

PERSONNEL INFORMATION REPORT

FORM P-11A 8-79

APPOINTMENT

- [X] TEMPORARY—PENDING EXAMINATION
- [ ] REGULAR DATE OF CERTIFICATION _____
- [ ] EMERGENCY UP TO 30 DAYS EXPIRES AFTER _____
- [ ] TEMPORARY
- [ ] CHANGE OF ASSIGNMENT AND/OR RATE

EXPLAIN IN REMARKS BELOW

EXPIRATION

- [ ] DEATH
- [ ] DISMISSAL
- [ ] LAYOFF
- [ ] LEAVE OF ABSENCE
- [ ] RESIGNATION
- [ ] SUSPENSION

EFFECTIVE DATE MONTH	DAY	YEAR	PENSION CODE	EMPLOYEE NUMBER	DATE OF BIRTH MONTH	DAY	YEAR	
04	29	91	[ ] T - TEACHING, N - NON-TEACHING, B - BOTH SYSTEMS; 03001	290692				PERSONNEL 5

LAST NAME	FIRST NAME	MIDDLE NAME	FORMER NAME	
CASTRO,	ARIEL			A

STREET ADDRESS	CITY	STATE	ZIP CODE
2233 WEST 98th STREET - CLEVELAND, OHIO 44102			

SEX	MARITAL STATUS	TAX CODE	NO. OF DEPENDENTS FEDERAL	STATE	MINORITY CLASSIFICATION	TIME EMPLOYED % 100% = 00	
[ ] 1 - FEMALE, 2 - MALE; 03801	[ ] 1 - SINGLE, 2 - MARRIED, 3 - WIDOWED, 4 - DIVORCED, 5 - SEPARATED	[ ] M - MARRIED, S - SINGLE; 04103	[ ]	[ ] 20002	17801	04302	B

DEPARTMENT NAME	POSITION NAME
TRANSPORTATION DEPARTMENT	TEMPORARY SUBSTITUTE DRIVER
SCHOOL NAME	
RIDGE ROAD DEPOT	

TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	RETIREMENT	TELEPHONE NUMBER	NON TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	SOCIAL SECURITY NUMBER
01003	03403	01202	[ ] YES, [ ] NO; 03201	AREA CODE ___ ___ ___ — ___ ___ ___ ___	00903	806 03303	01102	[redacted]

TIME CODE	TIME SCHEDULE CODES	PAY CYCLE	SCHEDULE AND STEP	I. S. T. AMOUNT (DOLLARS ONLY)	DIFFERENTIAL AMT. (DOLLARS ONLY)
[ ] D-DAILY, H-HOURLY, S-SALARY; 04201	[ ] A-190 DAYS 38 WKS., B-195 DAYS 39 WKS., C-200 DAYS 40 WKS., D-205 DAYS 41 WKS., E-210 DAYS 42 WKS., F-215 DAYS 43 WKS., G-220 DAYS 44 WKS., H-225 DAYS 45 WKS., K-230 DAYS 46 WKS., L-235 DAYS 47 WKS., M-240 DAYS 48 WKS., R-260 DAYS 52 WKS.; 04401	[ ] 1-TEACHING PAYDATE, 2-NON-TEACHING PAYDATE; 02601	03703	$ 02104	$ 01304

CONTRACT OR ANNUAL SALARY	DAILY/HRLY. RATE	EMPLOYMENT DATE MO.	DAY	YR.		HOSP.-INS.	EXPIRATION DATE	
$ 00407	10 337 00605	00806			✓ CHECK AND ADVISE EMPLOYEE	BOARD SH. [ ]; TOT. EMP. 2; NONE 17401 (3)	MO. ___ DAY INDEFINITE YR. ___	C

SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER		SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER	
1 0 09101	964 09203	10 08702	12 08902	51000 09005		2 09801	09903	09402	09602	09705	
3 10501	10603	10102	10302	10405		4 11201	11303	10802	11002	11105	
5 11901	12003	11502	11702	11805	D	6 12601	12703	12202	12402	12505	E

REMARKS:

PROMOTION - PENDING PASSING OF CIVIL SERVICE EXAMINATION.
ERF# 7841.

PREPARED BY	APPROVED BY	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
LUCY S. FOY						

ALVIN EVANS

DIVISION OF PERSONNEL — APPOINTING AUTHORITY

DATE 05/28/91 — DATE

TRAINING AGREEMENT

I, Ariel Castro, understand that I am being trained by the Transportation Department of the Cleveland Board of Education in order to obtain my school bus driver's license. I further understand that if I am hired by the Board following my training, I will be classified as a Substitute Driver when and as needed.

The classification of Substitute Driver when and as needed entails the following:

I will be called into work as I am needed to work.

I am not eligible for medical or insurance coverage.

I will not be paid sick days.

I will not receive vacation.

This classification will remain in effect until such time as I am able to bid or am assigned a regularly scheduled route. My probationary period as a regular driver will start on my appointment date as a regular driver.

Ariel Castro
Driver's Signature

Dated: 3-6-91

Board Approval
02-14-91
FORM P-11A 8-79

CLEVELAND CITY SCHOOL DISTRICT

PERSONNEL INFORMATION REPORT

APPOINTMENT

- [X] TEMPORARY—PENDING EXAMINATION
- [ ] REGULAR DATE OF CERTIFICATION _____
- [ ] EMERGENCY UP TO 30 DAYS EXPIRES AFTER _____
- [ ] TEMPORARY
- [ ] CHANGE OF ASSIGNMENT AND/OR RATE

EXPLAIN IN REMARKS BELOW

EXPIRATION

- [ ] DEATH
- [ ] DISMISSAL
- [ ] LAYOFF
- [ ] LEAVE OF ABSENCE
- [ ] RESIGNATION
- [ ] SUSPENSION

EFFECTIVE DATE MONTH	DAY	YEAR	PENSION CODE	EMPLOYEE NUMBER	DATE OF BIRTH MONTH	DAY	YEAR	
02	19	91	[N] T - TEACHING N - NON-TEACHING B - BOTH SYSTEMS 03001	290692	07	10	60	PERSONNEL 5

LAST NAME	FIRST NAME	MIDDLE NAME	FORMER NAME	
Castro	Ariel			A

STREET ADDRESS	CITY	STATE	ZIP CODE
2233 West 98 Street - Cleveland,	OH 44102		

SEX	MARITAL STATUS	TAX CODE	NO. OF DEPENDENTS FEDERAL	STATE	MINORITY CLASSIFICATION	TIME EMPLOYED % 100% = 00	
[2] 1 - FEMALE 2 - MALE 03801	[2] 1 - SINGLE 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED	[M] M - MARRIED S - SINGLE 04103	06	06 20002	3 17801	00 04302	B

DEPARTMENT NAME	POSITION NAME
Transportation	Temporary School Bus Driver Trainee
SCHOOL NAME	
Ridge Road Depot	

TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	RETIREMENT	TELEPHONE NUMBER	NON TEACHING POSITION DEPT. NUMBER	POSITION NO.	% OF DEPT.	SOCIAL SECURITY NUMBER
01003	03403	01202	[X] YES [ ] NO 03201	AREA CODE 2 1 6 4 5 9 - 1 4 7 2	284 00903	798 03303	00 01102	[redacted]

TIME CODE	TIME SCHEDULE CODES	PAY CYCLE	SCHEDULE AND STEP	I. S. T. AMOUNT (DOLLARS ONLY)	DIFFERENTIAL AMT. (DOLLARS ONLY)
[H] D-DAILY H-HOURLY S-SALARY 04201	[R] A-190 DAYS 38 WKS. B-195 DAYS 39 WKS. C-200 DAYS 40 WKS. D-205 DAYS 41 WKS. E-210 DAYS 42 WKS. F-215 DAYS 43 WKS. G-220 DAYS 44 WKS. H-225 DAYS 45 WKS. K-230 DAYS 46 WKS. L-235 DAYS 47 WKS. M-240 DAYS 48 WKS. R-260 DAYS 52 WKS. 04401	[2] 1-TEACHING PAYDATE 2-NON-TEACHING PAYDATE 02601	03703	$ 02104	$ 01304

CONTRACT OR ANNUAL SALARY	DAILY/HRLY. RATE	EMPLOYMENT DATE MO.	DAY	YR.		HOSP.-INS.		EXPIRATION DATE	
$ 00407	08 00605	308	02 00806	19	91	✓ CHECK AND ADVISE EMPLOYEE	BOARD SH. TOT. EMP. NONE 17401	2 3	Indefinite MO. DAY YR. C

SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER		SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER
1 0 09101	964 09203	00 08702	012 08902	51002 09005		2 09801	09903	09402	09602	09705
3 10501	10603	10102	10302	10405		4 11201	11303	10802	11002	11105
5 11901	12003	11502	11702	11805	D	6 12601	12703	12202	12402	12505 E

REMARKS:

New Employee
Med Tax = Y
ERF # 7303

NOTE: Pending background examination and physical examination.

PREPARED BY	APPROVED BY	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
Pat Bogdanski						

Alvin Evans

DIVISION OF PERSONNEL — APPOINTING AUTHORITY

DATE 02-08-91 DATE

Castro, Ariel (Mr) SS# [redacted] 07-10-60 2207 Seymour
EMP# 290692 Cleveland, OH 44113

NAME	DATE OF BIRTH	ADDRESS

Date of Ins 2-19-91

APPOINTMENT RECORD

DATE OF APPT.	SCHOOL	SALARY OR HOURLY RATE	REMARKS	DATE OF APPT.	SCHOOL	SALARY OR HOURLY RATE	REMARKS
2-14-91	Ridge Road	8.308	Driver Trainee	Eff 2-19-91			
4-29-91	Ridge Road	10.337	T. Sub Driver	eff 4-29-91			
Trans:	Ridge Road	10.337	T. Sub Driver	eff 08-23-91			
8/24/92	Ridge Road	11.296	T Reg Driver				

LEAVES OF ABSENCE

MISCELLANEOUS APPOINTMENTS

AMS DISTRIBUTORS, INC. in cooperation with I.E. VIDEO presents

I caught him going back to see scenes - I told him not to rewind video. Wanted to see your awareness to driving.

DRIVER AWARENESS

3

TEST SHEET

NAME Ariel Castro Date 3/31/00

Use this test sheet to answer the questions presented in the "Driver AWARENESS" video by checking whether the answer is Correct or Incorrect.

SAMPLE A: ___ CORRECT ___ INCORRECT

SAMPLE B: ___ CORRECT ___ INCORRECT

1. ___ CORRECT ___ INCORRECT
2. X CORRECT ___ INCORRECT
3. ___ CORRECT ___ INCORRECT
4. X CORRECT ___ INCORRECT
5. ___ CORRECT ___ INCORRECT
6. ___ CORRECT ___ INCORRECT
7. X CORRECT ___ INCORRECT
8. ___ CORRECT ___ INCORRECT
9. X CORRECT ___ INCORRECT
10. ___ CORRECT ___ INCORRECT
11. ___ CORRECT ___ INCORRECT
12. ___ CORRECT ___ INCORRECT
13. ___ CORRECT ___ INCORRECT
14. X CORRECT ___ INCORRECT
15. ___ CORRECT ___ INCORRECT
16. ___ CORRECT ___ INCORRECT
17. ___ CORRECT ___ INCORRECT
18. X CORRECT ___ INCORRECT
19. ___ CORRECT ___ INCORRECT
20. ___ CORRECT ___ INCORRECT
21. ___ CORRECT ___ INCORRECT
22. ___ CORRECT ___ INCORRECT
23. ___ CORRECT ___ INCORRECT
24. X CORRECT ___ INCORRECT
25. ___ CORRECT ___ INCORRECT
26. ___ CORRECT ___ INCORRECT
27. ___ CORRECT ___ INCORRECT
28. ___ CORRECT ___ INCORRECT
29. ___ CORRECT ___ INCORRECT
30. ___ CORRECT ___ INCORRECT
31. ___ CORRECT ___ INCORRECT
32. ___ CORRECT ___ INCORRECT
33. ___ CORRECT ___ INCORRECT
34. ___ CORRECT ___ INCORRECT
35. ___ CORRECT ___ INCORRECT

MECKLENBURG PUBLIC SCHOOLS BUS DRIVER CHECKLIST

Driver's Name: Arid Castro Date 3/31/00

Evaluator/Supervisor: Mary Jane Antal Depot: Ridge

***** CHECK IF PROCEDURE IS NOT DONE IN THE CORRECT MANNER *****

GOOD DRIVING HABITS

2____ Seat Belt fastened properly
2____ Uses lights, wipers, etc. for conditions

STARTING INTO TRAFFIC

2____ Checks mirrors and shoulder (blind spot)
2____ Signals before entering into traffic
2____ Slows down in School Zones
4____ Drives Defensively

SPEED CONTROL

2____ Makes complete stops
2✓ Stops smoothly
2____ Yields to pedestrians
3____ Drives appropriately for conditions
3____ Drives in proper lane (not left of center)

LEFT AND RIGHT HAND TURNS

2____ Approaches turn from proper lane
2____ Applies turn signals at proper time
4____ Turns at proper speed
3____ Makes turns correctly/into proper lane

LOADING AND UNLOADING STUDENTS

2____ Activates warning lights correctly
4✓ Uses proper hand signal
2✓ Uses gear-door method b-H g-d - g-d-M-b
4 2 Counts all mirrors verbally
4 1 Gives the proper directions when crossing students - 'place of safety'
2____ Covers horn during pick-up and drop-off
2____ Does not move the bus until students are seated

RAILROAD CROSSINGS

2 1 Requests silence, opens window and turns on hazard lights prior to tracks
2____ Turns off all switches prior to stopping
4____ Stops proper distance from tracks (15 - 50 feet)
2✓ Uses the gear-door method b-g-d g-d-M-b
4____ Counts all the mirrors verbally
3____ Looks and listens three times in both directions
2 1 Turns off hazards and turns on all switches after crossing

BACK UP TURNAROUND

2____ Turns hazard lights on prior to entering intersection
2____ Stops in the proper position
2____ Sounds horn twice before moving the bus
2____ Uses mirrors properly
2____ Backs into proper position

MISCELLANEOUS

4____ Stops at caution and red lights
4____ Keeps proper distance behind other vehicles
3____ Uses proper steering techniques (3-9) and hand over hand
3____ Passes other vehicles properly

PRE AND POST TRIP INSPECTION OF BUS INTERIOR

10✓ Performs walk-through of bus upon entering vehicle
15✓ Performs walk-through of bus upon exiting vehicle
(checks for sleeping or hiding students)

125 Total Points 26 Less: Points for errors ____ Total Driving Score

PLEASE NOTE: IF THE PROCEDURES ARE NOT DONE CORRECTLY, YOU MUST REPEAT THE MANEUVER UNTIL DONE CORRECTLY. POINTS SCALE IS FOR EVALUATION PURPOSES ONLY. PARTIAL CREDIT CAN BE GIVEN FOR EACH PROCEDURE. PLEASE LIST ANY COMMENTS ON THE BACK PAGE.

SCORING	1	2	3	4	5
CHECKRIDE TOTAL	121-125	115-120	109-114	100-113	1-99

DRIVER'S SIGNATURE _____ DATE __/__/__

would not sign - didn't think it was fair

Rev 2/24/98

DOT 53

*Check side clearances - note how wide your vehicle is in relation to the size of the space you are backing into.

*Get into your vechicle after getting the complete picture and start backing immediately before the situation has a chance to change.

CHECK BOTH SIDES

Check both sides before you back.

Use your outside mirrors as often as necessary, but don't depend entirely on mirrors. Mirrors help you check clearances and help you to spot persons moving unexpectedly into your path, but mirrors are deceiving in accurately judging distance to the rear.

Stop about three-fourths (3/4) of the way through the backing manueuver and get out and look when you are unsure of the distance.

BACK FROM THE DRIVER'S SIDE

Position is crucial to safe backing. A safe position is one that permits backing from the driver's side. This reduces some of the guesswork and gives the driver better control.

Back in the direction you can see.

BACK SLOWLY

Your vehicle behaves awkwardly when driven in reverse and can easily get out of control and collide with objects on either side.

Back slowly to maintain control and to accurately judge distances.

Backing slowly will cause less damage if you do in fact hit something.

USE A RELIABLE GUIDE

Never hestitate to ask someone to help you back. Expert drivers understand and respect the hazards of backing and use all the help they can get to avoid accidents.

Select a reliable guide. Remember that you are responsible if an accident occurs.

Agree on the hand signals that you and the guide will use.

Ask a guide to watch the area into which you will be moving. He or she should stand where both you and the area to the rear of the vehicle are clearly visible. The guide should warn you if pedestrains or vehicles move into your path as you back.

The Attached Material was reviewed with

TRAINER Mary Jane Brady
Signature

DRIVER [illegible]
Signature

ON 3/3/00

DRIVING ERRORS

You can learn to recognize driving errors that lead to accidents before they happen. This appendix list such errors under 12 categories.

1. Before startup:
   a. Failure to properly evaluate personal, mental, and physical condition.
   b. Failure to signal when pulling away from curb.
   c. Failure to wait for a break in traffic before moving.
2. Speed control:
   a. Too fast for traffic volume.
   b. Too fast for conditions (road surface, visibility, weather).
   c. Too fast for light conditions (e.g. dusk/darkness).
   d. Too fast for neighborhood or roadside environment.
3. Improper lane usage:
   a. Failure to select proper lane.
   b. Failure to drive in center of lane.
   c. Abrupt lane change.
   d. Failure to signal intent to change lanes.
   e. Weaving in and out of traffic lanes.
4. Passing errors:
   a. Misjudging speed and nearness of oncoming vehicles.
   b. Failure to check side and rear before pulling out to pass.
   c. Overtaking and passing too slowly.
   d. Cutting in too quickly after passing.
   e. Failure to signal intention of passing to the driver who is being passed.
   f. Unnecessary passing.
   g. Racing another vehicle trying to pass the bus.
   h. Passing while in, or close to, an intersection.
5. Turning errors:
   a. Turning from wrong lane.
   b. Failure to allow oncoming traffic to clear before turning left.
   c. Failure to block area to right of vehicle on right turns so no other vehicle can wedge in.
   d. Running over curb on right turns.
   e. Abrupt turn on slippery road surface, leading to skid.
   f. Failure to signal intention to turn.
   g. Passing while in, or close to, an intersection.
6. Stopping errors:
   a. Failure to make smooth, gradual stop.
   b. Failure to signal stop.
   c. Failure to stop in time.
   d. Abrupt braking on slippery road surface, leading to skid.
7. Parking errors:
   a. Parking in unsafe or illegal place.
   b. Parking with front or rear of vehicle protruding into traffic.
   c. Failure to properly secure unattended vehicle on grade, permitting roll.
   d. Failure to mark disabled vehicle properly.
8. Specific signaling errors:
   a. Failure to signal.
   b. Signal too late.
   c. Wrong signal.
   d. Failure to use horn.
   e. Excessive or improper use of horn.
9. Errors in clearance judgment:
   a. Following vehicle ahead too closely.
   b. Failure to check clearance to rear when backing.
   c. Failure to check right side when backing.
   d. Failure to check left side for clearance.
   e. Failure to check top clearance.
   f. Failure to yield space in any traffic encroachment.
10. Errors in observation:
    a. Failure to observe object or pedestrian in vehicle path.
    b. Failure to observe traffic to the rear while moving.
    c. Failure to observe to left and right of vehicle at locations from which vehicle or pedestrians could enter vehicle path.
    d. Inadequate observation, leading to failure to see vehicle or pedestrian approaching.
    e. Observation made too late.
    f. Failure to anticipate parked vehicle pulling out.
11. Lack of personal control:
    a. Inattention—any cause.
    b. Distraction—any cause.
    c. Driving while drowsy.
    d. Reacting emotionally to driving situations.
    e. Driving under influence of alcohol or other drugs.
    f. Driving while ill.
12. Lack of knowledge and awareness of equipment, load, and route:
    a. Failure to inspect equipment before, during, and after trip.
    b. Being unfamiliar with equipment.
    c. Being unfamiliar with route.

A COPY RECEIVED BY A Castro ON 3/31/00

(RETRAINING)

ITEMS TO COVER

1. KEEP WINDSHIELD CLEAN IN AND OUT AS OFTEN AS NECESSARY.

2. VOLT METER - UPON TURNING IGNITION KEY. VOLT READING SHOULD BE AT 12 VOLTS. ONCE THE VEHICLE IS STARTED THE VOLTS SHOULD INCREASE UP TO BUT NOT GREATER THAN 14 VOLTS.

3. HAND OVER HAND STEERING ALSO 3 AND 9 HAND POSITION.

4. MAKE TRAFFIC CHECKS FOR TURNS AND LANE CHANGES.
   A) BEFORE B) DURING C) AFTER

5. SEAT BELT MUST BE USED WHILE OPERATING VEHICLE.

6. USE OF WIPERS - ALWAYS USE BOTH WIPERS - LOOSEN FROM GLASS IN WINTER BEFORE TURNING ON WIPER SWITCH.

7. UNITS SHOULD ALWAYS HAVE AT LEAST 1/2 TANK OF FUEL WHEN PARKED AT DEPOT.

8. EXPLAIN ELECTRIC BRAKE BACK-UP SYSTEM. (IMPORTANT)
   IN THE EVENT THE ENGINE SHOULD STALL OR A BRAKE BOOSTER FAN BELT SHOULD BREAK THE BRAKE PEDAL WOULD NORMALLY BECOME VERY HARD MAKING IT EXTREMELY DIFFICULT TO STOP THE VEHICLE.
   IF THE ABOVE SHOULD HAPPEN THE ELECTRIC BRAKE BACK-UP SYSTEM SHOULD AUTOMATICALLY KICK IN AND ALLOW THE VEHICLE TO BE SAFELY STOPPED WITH NORMAL BRAKE PRESSURE.
   THEREFORE IT IS IMPERATIVE THAT THE ELECTRIC BRAKE BACK-UP SYSTEM BE CHECKED BEFORE THE VEHICLE IS STARTED.
   PRESS THE BRAKE PEDAL AND LISTEN FOR THE GROWLING SOUND.
   IF YOU DO NOT HEAR ANY SOUND REQUEST ASSISTANCE FROM A SUPERVISOR OR MECHANIC BEFORE MOVING VEHICLE.

9. REVIEW PURPOSE OF "BRAKE" & "PARK BRAKE" INDICATORS.

REGULATION 3301-83-07 IF EYEGLASSES ARE USED. THEY MUST BE SECURED ABOUT THE HEAD BY A RESTRAINING DEVICE INDEPENDENT OF THE EYEGLASSES THEMSELVES. (WHILE DRIVING A SCHOOL BUS)

BY MY SIGNATURE I CERTIFY THAT THE ABOVE ITEMS WERE COVERED DURING "ON THE ROAD TRAINING".

G Castro
EMPLOYEE

May Jane Antist
INSTRUCTOR

3/31/00
DATE

REVISED 11-92

RETRAINING INFORMATION REV. 04/22/93

INFORM DRIVER NOT TO PROCEED WITH AN INSTRUCTION GIVEN BY THE INSTRUCTOR. IF DRIVER CONSIDERS IT UNSAFE TO DO SO.

BIG PICTURE - SCANNING 12 - 15 SECONDS AHEAD

OBSERVE SPEED LIMITS - NOT TOO FAR BELOW AS EXPERIENCE ALLOWS. (LOCAL POLICY 50 MPH ON FREEWAY)

READ ALL SIGNS

APPROACH INTERSECTIONS WITH CAUTION

COVER BRAKE WHEN APPROACHING STALE GREEN LIGHT.

DECELERATION APPROACHING RED LIGHTS - SMOOTH STOP IF NECESSARY.

DO NOT TURN RIGHT ON RED. (LOCAL POLICY)

NO TURNS UNLESS VEHICLE CAN CLEAR ALL ONCOMING TRAFFIC SAFELY. ALLOW EXTRA TIME FOR UNEXPECTED STOPS BEFORE COMPLETION OF A TURN.

TURNING INTO PROPER LANE. LEFT TO LEFT - RIGHT TO RIGHT

PROPER FOLLOWING DISTANCE (MIN 4 SEC) MAKE PERIODIC CHECKS.

PROPER SPACE CUSHION WHEN STOPPED BEHIND OTHER VEHICLES. WHERE YOU CAN SEE THE REAR TIRES OF VEHICLE IN FRONT OF YOU TOUCHING PAVEMENT.

CORRECT STOPPING POINTS. 1.) WIDE WHITE LINE, 2.) SIDEWALK / CROSSWALK. 3.) WHERE YOU CAN SEE BUT NOT IN THE INTERSECTION

REGULAR TRAFFIC "CHECKS" INCLUDING ALL MIRRORS.

DRIVE TO RIGHT WHENEVER POSSIBLE.

STAY TO RIGHT AT RAILROAD TRACKS AND DON'T "CRAWL" WHEN CROSSING.

RETURN HAND TO WHEEL BETWEEN PICK-UP. DROP-OFF AND RAILROAD CROSSING.

BY MY SIGNATURE I CERTIFY THAT THE ABOVE ITEMS WERE COVERED DURING "ON THE ROAD TRAINING".

Ariel Castro	Mary Jane Cantel	3/31/00
EMPLOYEE	INSTRUCTOR	DATE

By Authority of the Board of Education of the City of Cleveland, Ohio

Lincoln-West High School

has awarded this

Diploma

to

Ariel Castro

who has satisfactorily completed the requirements prescribed for graduation from the Public High Schools of the City of Cleveland, Ohio

June 30th, 1979

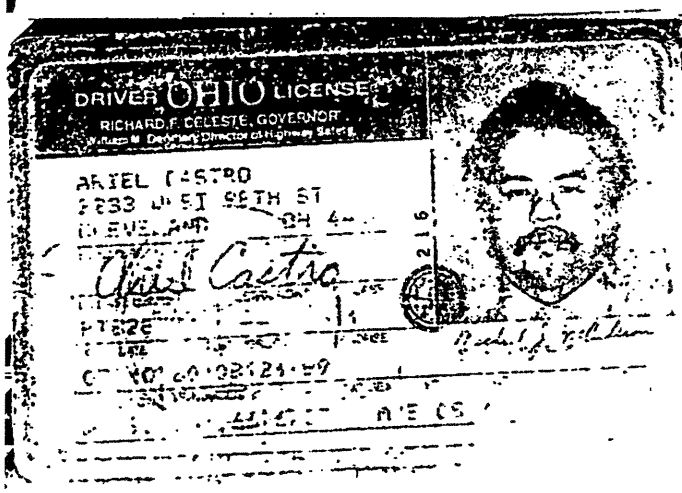
Peter P. Carlin
Superintendent of Schools

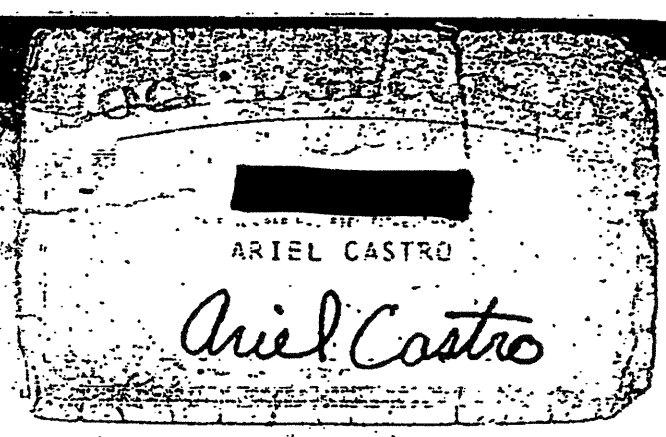
THE BOARD OF EDUCATION · CLEVELAND, OHIO ·

John E. Gallagher
President, Board of Education

H. E. Wilkins
Principal

Treasurer





4

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114
Telephone 216/574-8000

To: Michael Malloy, Director
Transportation

From: Ivor Gibson Assistant Manager
Ridge Rd Depot

Date: 3/31/00

Ref: RETRAINING OF Ariel Castro
Employee's Name

As a result of the involvement in an accident on _____ and in accordance with the Transportation Division rules and policy, the above referred is required to be retrained in the operation of a school bus. This retraining will be in the area/s which may have caused them to have had the accident.

Retraining occurred on:

DATES	AREAS
3/31/00	Video "Driver Awareness"
3/31/00	Classroom & Procedures
3/31/00	On The Road

I acknowledge having been retrained on the above date/s and in the specific areas indicated.

3/31/00 — Date
A. Castro — Employee's Signature

_____ Date
_____ Depot Manager's Signature

REV 3-13-90

DOT 52

CLEVELAND PUBLIC SCHOOLS
1380 East Sixth Street, Cleveland, Ohio 44114
Telephone (216) 574-8275

LAWRENCE A. LUMPKIN
President
MARIE L. KITTREDGE
Vice President
TONY CUDA
SHIRLEY HAWK
ADRIAN MALDONADO
STEPHEN D. SULLIVAN
CYNTHIA E. TRIPLETT

SAMMIE CAMPBELL PARRISH, Ed.D.
Superintendent

March 7, 1995

CASTRO,ARIEL
2207 SEYMOUR
CLEVELAND OH 44113

RE: RESIDENCY REQUIREMENT COMPLIANCE AUDIT

As an employee hired after August 13, 1986, you must comply with Board Resolution 114-86 "Establishing Residency Requirements".

For all transportation employees, in order to confirm your compliance with the Residency Requirement, you are requested to present original and current documents from the attached list, one of each item listed, to a representative from the Classified Personnel Division according to the schedule below.

Classified Personnel representatives are scheduled to be at your Depot on the following dates and times:

Depot	Dates	Time
Lake Center Depot (East 79th St.)	Monday, March 13, 1995 Tuesday, March 14, 1995	6:00 a.m.- 2:00 p.m.
East 49th Depot (Cuyahoga Hts.)	Monday, March 13, 1995 Tuesday, March 14, 1995	6:00 a.m.- 2:00 p.m.
Ridge Road Depot	Wednesday, March 15, 1995 Thursday, March 16, 1995	8:00 a.m.- 5:00 p.m.

This request to show proof of residency is not voluntary, it is a REQUIREMENT! Failure to present the requested documentation will result in an employee hearing for failure to comply with the residency requirement. Again, Classified Personnel representatives will be on hand to review your documentation on the above dates and times.

Sincerely,

Alvin Evans

Alvin Evans, Director
Classified Personnel Division

AE/mm

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114
Telephone 216/574-8000

LAWRENCE A. LUMPKIN
President
JAMES LUMSDEN, JR.
Vice President
JAMES M. CARNEY, JR.
GARY J. KUCINICH, SR.
LEON LAWRENCE
SUSAN M. LEONARD
STANLEY E. TOLLIVER, SR.

JAMES W. PENNING
Interim Superintendent

June 4, 1992

Cleveland Civil Service Commission
City Hall - Room 119
601 Lakeside Avenue
Cleveland, Ohio 44114

SUBJECT: Changes of Names and Addresses

Please note the following changes of the names and addresses of employees as follows:

New Name and Address/Telephone No.

Janet R. Smith
9004 Willard Avenue
Cleveland, Ohio 44102

Leroy Gibson
P.O. Box 91021
Cleveland, Ohio 44101-3021

Amelia Mitchell
11000 Mount Overlook
Cleveland, Ohio 44104

Larry Spencer
3375 East 142 Street
Cleveland, Ohio 44120
Phone Number (216) 561-1029

Joseph Humphrey
12413 Emery
Cleveland, Ohio 44135

James Bussell
9336 N. Elyria Road
West Salem, Ohio 44287

Kathleen Sammon
12963 Atlantic Road
Strongsville, Ohio 44136

Joseph Madden
5907 Westbrook Drive
Cleveland, Ohio 44142
Phone Number (216) 676-5796

Ariel Castro
2207 Seymour
Cleveland, Ohio 44113
Phone Number (216) 459-1472

Velma Rhone
2777 Hampshire, Apt. #102
Cleveland Hts, Ohio 44106
Phone Number (216) 371-1460

ALVIN EVANS, DIRECTOR
CLASSIFIED PERSONNEL DIVISION

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.
President
JAMES M. CARNEY, JR.
Vice President
GERALD C. HENLEY
GARY J. KUCINICH
MILDRED R. MADISON
RALPH J. PERK, JR.
MARTHA L. SMITH

FRANK J. HUML
Superintendent

TRAINING AGREEMENT
(ADDENDUM)

I understand that upon completion of the State Certification Training I should schedule an appointment for my written CDL test.

Once I have completed the CDL written test I am to notify the Training Office, Ken Halek at 634-7002 and await further instructions.

I will be given until 04-08-91 to complete the CDL written test. Failure to complete the CDL written test by the above date will be grounds for release from the Cleveland Board of Education Bus Driver Training Program.

3-6-91
DATE

Ariel Castro
SIGNATURE

CLEVELAND PUBLIC SCHOOLS

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MARTHA L. SMITH

FRANK J. HUML
Superintendent

TO: Ariel Castro
TRAINEE

DATE: 03-04-91

A FIFTY DOLLAR ($50.00) MONEY ORDER IS REQUIRED TO PAY FOR YOU C.D.L. ROADTEST. THIS FEE MUST BE PREPAID BEFORE THE TEST CAN BE SCHEDULED. THE DEADLINE FOR YOUR FEE IS April 19, 1991. MONEY ORDER MUST BE MADE PAYABLE TO "MEDINA COUNTY SCHOOL DISTRICT"
DATE

KEN HALEK

TRAINING OFFICE

I ACKNOWLEDGE RECEIPT OF THIS NOTICE.

3-6-91
DATE

Ariel Castro
NAME

CLEVELAND PUBLIC SCHOOLS

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MARTHA L. SMITH

FRANK J. HUML
Superintendent

February 27, 1991

Ariel Castro
2233 West 98 Street
Cleveland, OH 44102

Dear New Temporary School Bus Driver Trainee:

This is your notification to report for training to the address listed below:

HARRY JAMES, DIRECTOR, TRANSPORTATION OPERATIONS

Monday, March 4, 1991
8:30 A.M.

Ridge Road Depot
3832 Ridge Road
Cleveland, OH 44144
(216) 634-7021

Best Wishes,

Alvin Evans, Director
Classified Personnel

AE:pb

xc: Harry James

PWB2:068

CLEVELAND PUBLIC SCHOOLS

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MARTHA L. SMITH

FRANK J. HUML
Superintendent

February 15, 1991

Dear Prospective New Temporary School Bus Driver Trainee:

This is your notification to report for your physical examination at Lutheran Medical Center at the date and time indicated below.

Lutheran Medical Center
Medical Arts Building, Room 2000
Phone: 363-2109

Name: Ariel Castro
Date: Tuesday, February 19, 1991
Time: 4:00

If you have any questions please call (216) 634-7021.

Best Wishes,

Alvin Evans, Director
Classified Personnel

AE:pb

Enclosure

xc: Harry James

PWB2:051

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
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MARTHA L. SMITH

FRANK J. HUML
Superintendent

TO: Harry James
Director
Transportation

FROM: Alvin Evans, Director
Classified Personnel

DATE: February 15, 1991

SUBJECT: Ariel Castro

The above-referenced employee has been assigned or transferred to your school or department.

If this employee does not report by the effective date, please immediately contact the employee to ascertain the reason(s) for the employee not reporting. If you are unable to get in touch with the new hire or employee you are to complete the attached form memorandum, and forward it to the Director of Classified Personnel Division.

If the employee is a new hire and declines the position a letter of declination must be sent to the Director of Classified Personnel.

AE:pb

PWB2:050

Dear Employee:

This letter is to inform you of your rights to continued health care benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

This law requires your employer to modify their current guidelines for offering group health plans to enable certain employees, spouses and their dependents to continue receiving health care coverage after the coverage would otherwise cease.

In general, the new law gives you and your beneficiaries the opportunity to receive the same options for health care benefits that you currently have at the group rate should your status with the company change or if there is a change in your relationships with your family. This law applies only to health care coverage. Also, COBRA makes Medicare secondary to employer-sponsored health plans for all employees and their spouses regardless of age.

You can become eligible for continued health care benefits by purchasing them at our group rate if you or your beneficiaries fall into one of the following categories. The duration of coverage depends on the condition of eligibility.

CONDITION OF ELIGIBILITY	DURATION OF COVERAGE OFFERED
Widowed spouse and dependent children. (up to age 25)	36 months
Employees, their spouses and dependent children who have been terminated (voluntary or involuntary except for reason of gross misconduct.)	18 months
Employees, their spouses and dependent children, if their hours have been reduced resulting in lost coverage.	18 months
Divorced or legally separated spouse and their dependent children.	36 months
Medicare ineligible spouses.	36 months
Dependent children who no longer meet the plan's definition of eligibility.	36 months

(over)

You may be responsible for paying both the employer and the employee contributions to receive this continued coverage, plus 2 percent to cover administrative costs.

Your eligibility for coverage may end earlier if:

1. *You receive health insurance through another employer or Medicare.*
2. *The premium for continuation of coverage is not paid on time.*
3. *The company no longer sponsors group health coverage for any of its employees.*

If you are terminated, your hours are reduced to part time, or you become a widowed spouse of an employee, you will be notified that you are eligible for continued coverage under COBRA. Should a person become eligible for any other reason (see "Condition of Eligibility", page 1), it is his or her responsibility to notify us of the qualifying event.

All employees who are represented by a union will have COBRA benefits extended to them as of September 1, 1987. All employees who are not represented by a union will have COBRA benefits extended to them as of January 1, 1987. If you have any questions, please contact the Payroll Department.

Sincerely,

P Yacobian

Paul Yacobian
Treasurer
Cleveland Public Schools

PY/sb

CLEVELAND BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT
DRIVING REVIEW

5

Ariel Castro
DRIVER

3/31/00
DATE

DEFENSIVE DRIVING

anticipate

USE OF MIRRORS

went over mirror count

SPEED CONTROL

Anticipate - to make smooth stops

TURNS

remember to check rear on turns

STUDENT PICK-UPS & DROP OFFS

went over new brake gear-door method
remember to count mirrors
went over correct language

RAILROAD PROCEDURES

forgot hazard light - 1st time then 2nd time forgot to turn off
brake - gear - door gear - door - mirrors - brake

BACKING

turn around procedures were OK

OTHER COMMENTS

was working hard to keep hands at 9/3 & do hand over hand
forgot to walk - through bus at end.

THE ABOVE ITEMS HAVE BEEN DISCUSSED AND REVIEWED ON 3/31/00.

DRIVER

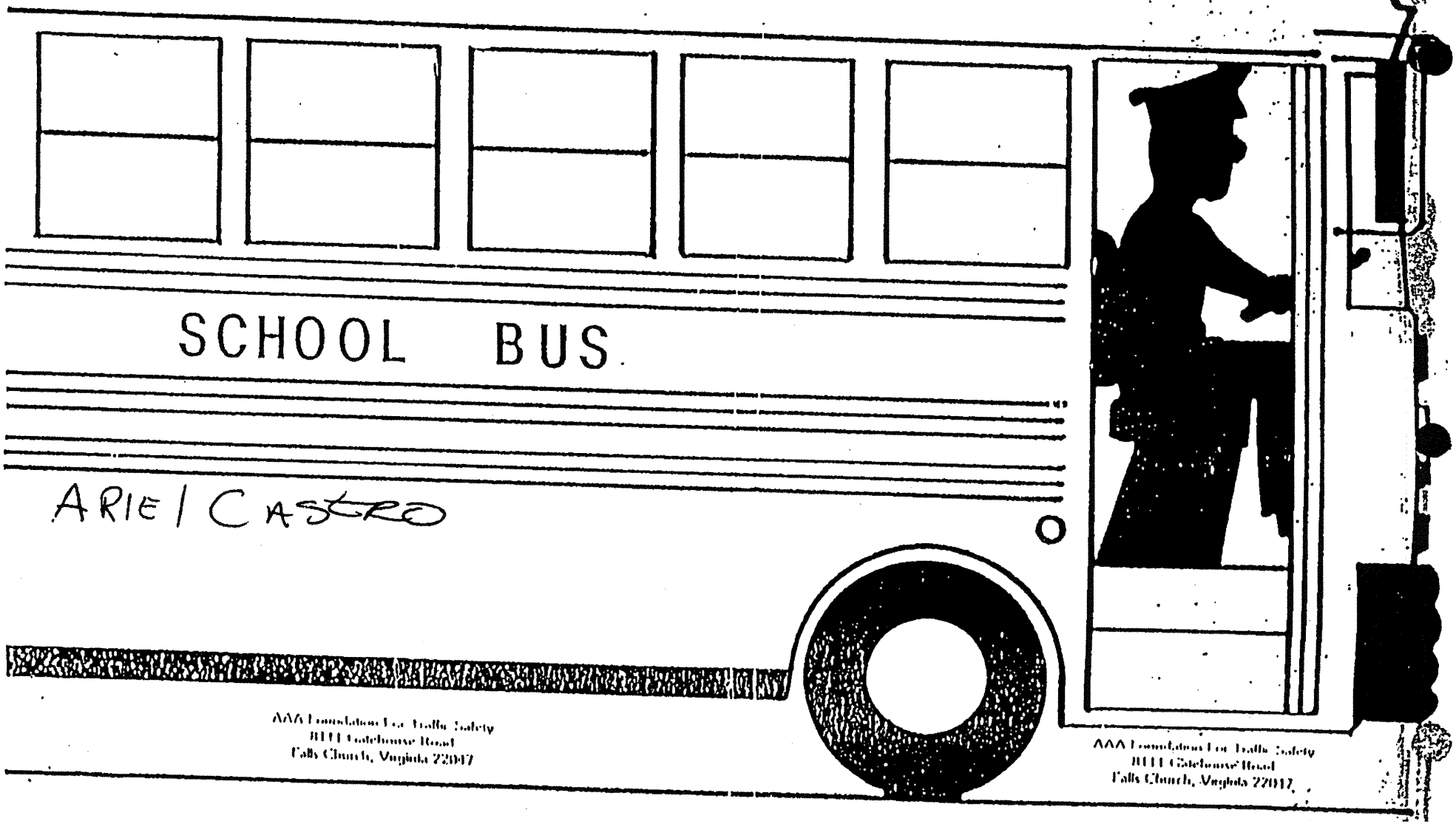
Mary Jane Antal
INSTRUCTOR

Poor Quality Original

RETRAINING PACKAGE

CRITICAL ITEM SAFETY

for School Bus Drivers



ARIE / CASTRO

AAA Foundation For Traffic Safety
8111 Gatehouse Road
Falls Church, Virginia 22047

AAA Foundation For Traffic Safety
8111 Gatehouse Road
Falls Church, Virginia 22047

Railroad Track Procedures

A. Actuate strobe if applicable (O.A.C. 3301-83-12-A3).
B. Ask for silence approximately 300 feet prior to tracks (O.A.C.3301-83-12-B5).
C. Check traffic in mirrors. Begin left to right countdown procedure (string and tape).
   1. Radio off.
   2. Open window.
   3. Noise off (heaters, defrosters, etc.).
   4. Hazards on (O.A.C. 3301-83-12B-1C) at least 100 feet.
   5. Stop between 15-50 feet from tracks (O.R.C. 4511.62) in the far right lane whenever possible.
   6. Set the parking brake.
   7. Shift to neutral (O.A.C. 3301-83-12B-1D).
   8. Open service door(G.D.).
D. Look and listen twice each way.
E. Put bus in gear that will take the bus across the track without shifting on tracks.
F. Close service door while counting the mirrors.
G. Release the parking brake and proceed.
H. after crossing the tracks, begin countdown procedures again.
   1. Radio on.
   2. Close window.
   3. Noise on (heaters, defrosters, etc.).
   4. Hazards off.
   5. Shift when clear (O.R.C. 4511.63).
   6. Cancel strobe if applicable.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

****

Pick-Up Procedure for Crossing Students

A. Check traffic while approaching designated PICK-UP POINT and count students waiting.
B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop ten feet (10') or more back from the student(s). "Pupils must wait in a location clear of traffic and away from the bus stop" (3301-83-08-C1).
D. After the bus comes to a complete stop, SET HYDRAULIC BRAKE, raise hand palm up and out toward the windshield

and aimed at the student(s).

E. Drivers MUST maintain pressure on the service brake to engage brake lights.

F. Place the gear shift lever into neutral.

G. Open the service door to actuate the red warning lights.

H. Place right hand over horn to warn student(s) of any potential danger.

I. Check mirrors and roadway for safe crossing and count the number of students waiting to board the bus.

J. When safe to cross, make eye contact with student(s) and give the crossing signal by slowly dropping your hand straight down.

   1. Student(s) should check for traffic on their own before crossing the roadway.
   2. Student(s) should walk straight across the roadway and out of the danger zone.

K. Greet and count the students as they board the bus.

L. While students are being seated check for any late arrivals.

M. Check overhead mirror to make sure all passengers are seated BEFORE shifting into appropriate gear.

N. Place gear shift lever into appropriate gear.

O. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DRANGEROUS AREA!

P. Close the door to cancel the red warning lights.

Q. Release parking brake, check traffic and safely proceed.

R. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

****

Drop-Off Procedure for Crossing Students

A. Check traffic while approaching designated stop.

B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).

C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop ten feet (10') or more back from the designated drop-off point.

D. After the bus comes to a complete stop, SET HYDRAULIC BRAKE. Drivers MUST maintain pressure on the service brake to engage brake lights.

E. Place the gear shift lever into neutral.

F. Open the service door far enough to actuate red warning

lights and flashing stop sign or open door all the way and put your right arm across the aisle to keep the students from exiting without their crossing instructions.

G. Explain four step crossing instructions to students as follows:
   1. "When you exit the bus, walk 10 feet or steps in front of the bus, along the side of the road , where I can see you and you can see my hand in the front window."
   2. "When I drop my hand, I want you to walk to the middle of the road, traffic edge of the bus and stop."
   3. "You are to check traffic in both directions ON YOUR OWN! When you see that it is clear, cross to your place of safety" (residential side). STUDENTS MUST GO TO DRIVERS DESIGNATED PLACE OF SAFETY (O.R.C. 4511.75).
   4. "If I blow my horn, that means DANGER! Check traffic again. If you see no danger, look back to me for further instructions."

H. Open service door all the way (if not already done) to discharge students. When discharging students, hold right side students on bus, until you have finished crossing left side students first.

I. Raise hand palm up and out toward the windshield and aimed at the student(s). Place opposite hand over the horn to warn student(s) of any potential danger.

J. Check mirrors and roadway for safe crossing and count the number of students waiting to cross the roadway.

K. When safe to cross, make eye contact with the student(s) and give the crossing signal by slowly dropping the palm of your hand straight down.

L. Wait until student(s) reach their designated "PLACE OF SAFETY" (4511.75). Drivers being tested must tell instructor the number of students that have reached their designated "place of safety". Discharge right side students to "place of safety" and count students again.

M. Place gear shift lever into appropriate gear.

N. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DRANGEROUS AREA!

O. Close the door to cancel the red warning lights.

P. Release parking brake, check traffic and safely proceed.

Q. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

****

Pick-Up Procedure-Right Side of Roadway

A. Check traffic while approaching designated PICK-UP POINT and count students waiting.
B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop at driveway or ten feet (10') back from drive if students are in the danger zone. "Pupils must wait in a location clear of traffic and away from the bus stop" (3301-83-08-C1).
D. Set the parking brake when picking up a large group (6 or more) of students or when bus is on a steep grade. Drivers MUST maintain pressure on the service brake to engage brake lights.
E. Place the gear shift lever into neutral.
F. Open the service door to actuate the red warning lights.
G. Greet and count the students as they board the bus.
H. While students are being seated check for any late arrivals.
I. Check overhead mirror to make sure all passengers are seated BEFORE shifting into appropriate gear.
J. Place gear shift lever into appropriate gear.
K. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DRANGEROUS AREA!
L. Close the door to cancel the red warning lights.
M. Release parking brake, check traffic and safely proceed.
N. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

****

Drop-Off Procedure on Right Side of Roadway

A. Check traffic while approaching designated stop.
B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop at the designated drop-off point.
D. Set the parking brake when picking up a large group (6 or more) of students or when bus is on a steep grade. Drivers MUST maintain pressure on the service brake to

engage brake lights.

E. Place the gear shift lever into neutral.

F. Open the service door to actuate the red warning lights.

G. Discharge student(s). Instructions may be given to student, e.g., "Walk to your designated place of safety away from the bus and out of the Danger Zone!"

H. Wait until student(s) reach their designated "PLACE OF SAFETY" (4511.75). Drivers being tested must tell the instructor the number of student(s) who have reached their designated "place of safety".

I. Place the gear shift lever into neutral.

J. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again <u>before</u> closing the door. Look for any students in front of the bus, the most DRANGEROUS AREA!

K. Close the door to cancel the red warning lights.

L. Release parking brake if set, check traffic and safely proceed.

M. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

****

BACK UP SAFELY

In most bus fleets about one of every four accidents is a backing accident.

These add up to a lot of damaged vehicles, damaged property and occasionally a serious injury or a fatality. Backing accidents are preventable.

Because of the hazards of backing, expert drivers avoid backing whenever possible and plan their routes in advance to avoid the necessity for backing. They never back around corners and will drive around the block if necessary to avoid such danger.

They won't back out of driveways or alleys when they can avoid it. Instead they drive in and turn around so they can come out head first.

When this isn't possible, they back in so they can drive out forward. They know it is safer to back out of traffic into a quiet area then to back into the traffic stream.

Expert drivers also are alert to the problems of backing when they park. They find backing out of traffic preferable to backing into traffic when parking.

Expert bus drivers never back a bus with passengers aboard and use a guide whenever possible. (Most bus collisions occur on city streets and in yards where buses are stored.)

When backing is unavoidable, expert drivers follow these basic rules:

GET THE PICTURE

*Get the complete picture before you back.

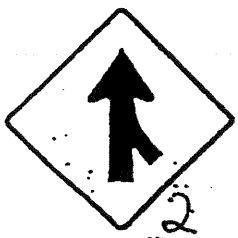
*Get the big picture from the outside and not through a side or rearview mirror. Don't just glance through a window-get out of the vehicle and walk around your vehicle to see the area into which you must back.

*Don't just look-apply real, calculated attention to the situation.

*Check the ground you are to back over. Note any unusual depressions, fixed objects and the presence of any pedestrian traffic. Buses in particular need to watch out for cars, bicycles and pedestrians.

*Check overhead clearances. Note any unusual overhead obstructions such as utility wires, fire escapes, signs or canopies.

NAME Ariel Castro DATE 3/31/00 BY Mary Jane Chabot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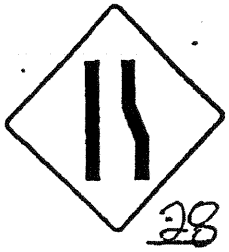
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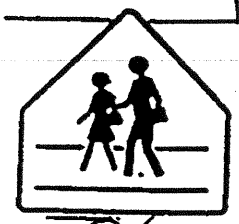
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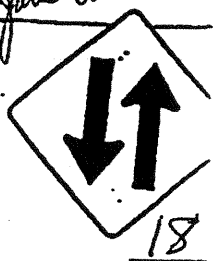
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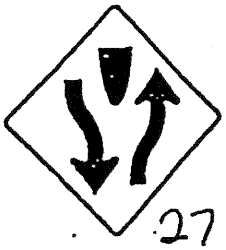
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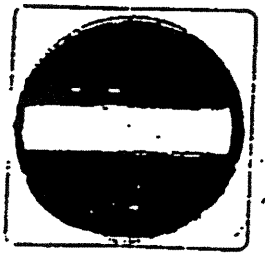
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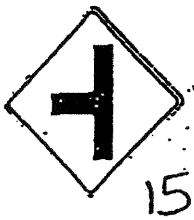
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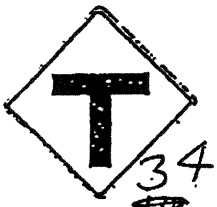
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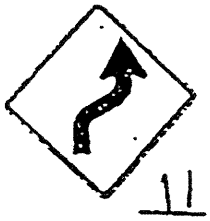
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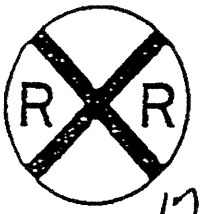

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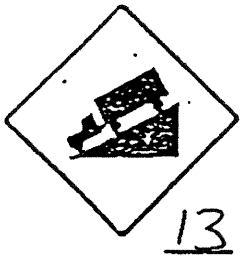
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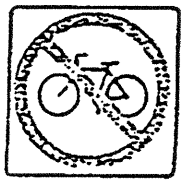
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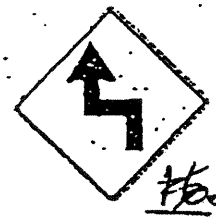
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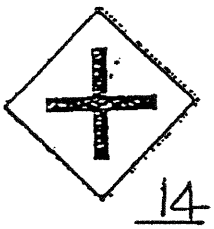
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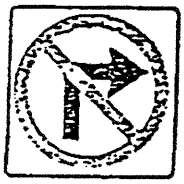
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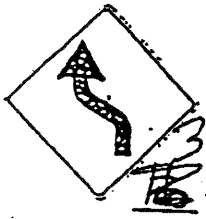
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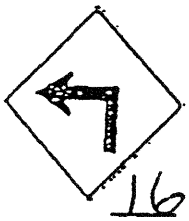
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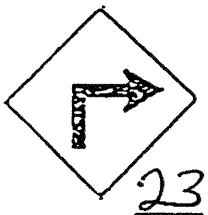
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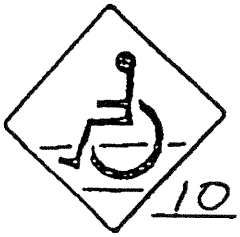
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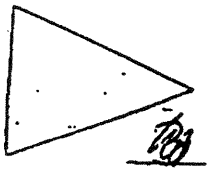
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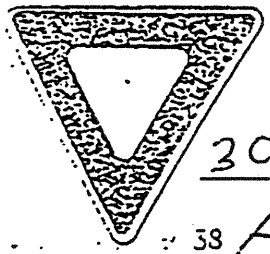
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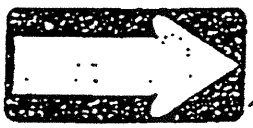
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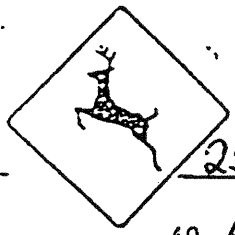
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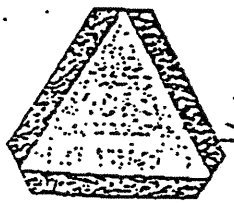
3

SIGN TEST

1 - NO PASSING ZONE
2 - TRAFFIC MERGING FROM RIGHT
3 - SLOW MOVING VEHICLE
4 - SHARP TURN TO RIGHT, THEN TO THE LEFT
5 - U-TURNS ARE NOT PERMITTED
6 - DO NOT ENTER
7 - BICYCLE CROSSING
8 - NO RIGHT TURN PERMITTED
9 - PEDESTRIAN CROSSWALK
10 - HANDICAPPED CROSSWALK
11 - APPROACHING CURVE TO THE RIGHT, THEN TO THE LEFT
12 - RAILROAD CROSSING
13 - APPROACHING A DOWNGRADE
14 - CROSSROAD AHEAD
15 - ANOTHER ROAD ENTERS FROM THE LEFT
16 - SHARP TURN TO THE LEFT AHEAD
17 - CLEARANCE IS LIMITED (OVERHEAD)
18 - TRAFFIC IS MOVING IN BOTH DIRDCTIONS
19 - ROAD BRANCHES TO RIGHT AND LEFT AHEAD
20 - THE ROAD AHEAD IS SLIPPERY WHEN WET
21 - APPROACHING A SERIES OF CURVES
22 - NO LEFT TURN PERMITTED
23 - SHARP TURN TO THE RIGHT AHEAD
24 - BICYCLES ARE NOT PERMITTED
25 - DEER CROSSING
26 - DIVIDED HIGHWAY ENDS. TWO LANE HIGHWAY BEGINS
27 - APPROACHING A DEVIDED HIGHWAY
28 - FORM ONE LANE, MERGE LEFT
29 - SHARP TURN TO THE LEFT, THEN TO THE RIGHT
30 - YIELD
31 - ONE WAY
32 - APPROACHING A CURVE TO THE LEFT, THEN TO THE RIGHT
33 - SCHOOL
34 - APPROACHING AN INTERSECTION. TURN RIGHT OR LEFT
35 - ROAD ENTERS FROM THE RIGHT
36 - SCHOOL CROSSING

37 - WARNING SIGNS ARE TRADITIONALLY WHAT COLOR?
(A) RED (B) YELLOW (C) WHITE

38 - GUIDE SIGNS ARE WHAT COLOR?
(A) WHITE ON BLUE (B) WHITE ON GREEN (C) WHITE ON RED

39 - WARNING SIGNS ARE WHAT SHAPE?
(A) TRIANGLE (B) SQUARE (C) DIAMOND

40 - WHAT SHAPE ARE HAZARDOUS MATERIAL PLACARDS?
(A) DIAMOND (B) RECTANGLE (C) ROUND

NOTICE OF BID TIME CHANGE

DEPOT 491 EMPLOYEE NAME ARIEL CASTRO SS#

VEHICLE 150 EFFECTIVE DATE 8-26-98 SS#

HRONS 11-25-98

The checked-off times for this vehicle are being changed to the new time written on the lines at the right.

6:12	Morning punch-in	6:12
7:58	Morning punch-out	8:12
2:00	Afternoon punch-in	2:00
5:00	Afternoon punch-out	5:00

The new total bid time for this vehicle will be 5 hours and ____ minutes.

Signed: Troy Gibson
ASSISTANT DEPOT MANAGER

Signed: _____ _____
DEPOT MANAGER DATE

Signed: _____ _____
DIRECTOR OF OPERATIONS DATE

Signed: _____ _____
MANAGER OF PLANNING & SCHEDULING DATE

Submit to: Planning & Scheduling
Ridge Road Operations

(BELOW THIS LINE FOR PLANNING & SCHEDULING USE ONLY)

RECEIVED _____

CHANGE MADE _____

EFFECTIVE DATE _____ (reflected on report)

REV 12-1-89

DOT 34